

# **California Department of Corrections and Rehabilitation**

## **Office of Audits and Compliance**



## **Operational Peer Review**

**North Kern State Prison  
January 14 – 30, 2008**

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# **OFFICE OF AUDITS AND COMPLIANCE**

## **NORTH KERN STATE PRISION**

### **EXECUTIVE SUMMARY**

The Office of Audits and Compliance worked with the Division of Adult Institutions to conduct an audit of the Security/Escape Prevention, Administrative Segregation and Due Process, Business Services, Information Security, Inmate Education Programs, Inmate Appeals, [REDACTED], Administrative Segregation Bed Utilization, Radio Communication, [REDACTED], and Case Records at North Kern State Prison from January 14 through January 30, 2008. The purpose of the audit was to determine NKSP's compliance with State, federal, and departmental rules, regulations, policies, and procedures.

Preliminary audit reports were prepared for each of the audited areas. This executive summary identifies the significant issues identified in each of the preliminary reports. For more information on the areas of interest, please see the detail preliminary report. The Office of Audits and Compliance requests that NKSP provide a corrective action plan (CAP) 30-days after receipt of the preliminary report.

A summary of the significant issues is as follows:

#### **Administrative Segregation and Due Process**

Of the 30 records reviewed, 18 (60 percent) contained documentation regarding the need for witnesses. The 12 remaining records left this section blank.

Of the 30 records reviewed, 19 (63 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 11 remaining records, 6 documented the inmate had waived the 72-hour preparation time absent a signature by the inmate and 5 records left this section blank.

#### **Business Services**

Corrective Action not Taken on 17 Prior Findings:

- The Materials Safety Data Sheets for chemicals is not maintained in seven of the ten housing units inspected. Department Operations Manual (DOM), Section 52030.
- In the Central Kitchen, dishwashing temperatures are not recorded for the evening shifts. DOM, Section 54080.20.
- The non-drug medical warehouse has the following deficiencies :
  1. Access to the Medical Central Supply is not sufficiently controlled. No document is used to track visitors who access the storage warehouse. DOM, Section 22030.11.1.
  2. The separation of duties is inadequate. One staff is responsible for ordering, receiving, maintaining inventory, data input, and conducting inventory counts. State Administrative Manual, Section 20050.

3. Data entry of purchase orders, stock received reports and the Std. Form 115's are not completed in a timely manner. DOM, Section 22030.10.
  4. Inventory reconciliations are not performed at regular intervals and on a consistent basis. DOM, Section 22030.11.8.
- Reconciliation of reports related to position control transactions is not performed. Payroll Procedure Manual Section C310.
  - Equipment Maintenance Data Summary Sheets are not prepared for newly purchased and installed equipment. Departmental Plant Operation Maintenance Procedures Manual, Section 2.D.5, State Automated Preventive Maintenance System (SAPMS) guidelines.
  - There are deficiencies related to work orders. For example, work order priorities are not established according to the departmental guidelines and completed work orders are not submitted for timely input. Operational Procedures 127.
  - As a result of the deficiencies related to work orders and the fact that reports are not forwarded to management for review, the reports are inaccurate. Audits Branch examined reports for the period of July through December 2007. SAPMS guidelines. The following deficiencies are noted:
    1. Total hours spent to maintain the physical plant is understated by 6,000 hours;
    2. Work order priorities are not established according to departmental guidelines; and
    3. Overtime in the amount of \$49,000 may not have been captured.
  - Property is transferred and/or disposed without proper documentation. As a result, 1,035 property items valued at \$816,000 (8 percent of total value) are reported as missing, or their exact location cannot be determined. DOM, Section 22030.13.
  - A Competitive Rating Sheet was not completed for the Native American Spiritual Leader exam that was given on a 100 percent Education & Experience basis. Delegated Testing Manual, CCR, Section 199.
  - The Post Examination Evaluation Form 295 is not always completed. Delegated Testing Manual, CCR, Section 199.
  - The Inmate Timecards (CDC 1697) are not completed properly. For example, "S" time was not properly documented, transfer-in, Daily Movement Sheet numbers and time worked were missing. CCR, Section 3045.

### **Information Security**

**Un-located Computers:** Forty-seven of 81 computers could not be located. All computers must be found within the 30-day period allowed for developing the CAP. The institution must certify in writing that either the un-located computers were found or were properly surveyed.

### **Staff Computing Environment:**

- Use Agreements are not on file;
- Annual Self Certification of Information Security Awareness and Confidentiality forms are not on file;
- Information security training is not current;
- Physical locations of CPUs do not agree with the inventory records;
- Staff CPUs are not labeled "No Inmate Access";
- Antivirus updates are not current; and
- Security patches are not current.

### **Inmate Computing Environment (Education, Library, Clerks):**

- Physical locations of CPUs do not agree with the inventory records;
- CPU s are not labeled as inmate computers;
- Antivirus updates are not current; and
- Inmate monitors are not visible to the supervisor.

### **Inmate Education Programs**

**Education Administration:** A list of inmates, who have a verified learning disability, is not currently available, generated, nor distributed to appropriate staff. The Principal must have and maintain a form with the title: NKSP Learning Disabilities List. (Armstrong). The majority of education files reviewed did not contain Test of Basic Adult Education assessment results and Test of Basic Adult Education scores were not always on the CDCR 154 cards.

Sometimes files are missed and do not get transferred to Central Records on time. No copy of transcripts or CDCR 154 cards is maintained in the Education Office. Bridging Education Program files are not always transferred in the time constraints required by policy. Education files are universally prepared for all students. Education files are stored on open shelves and there are inmates working in the immediate area. This is against policy. There is no annual spending plan in place. It appears that all funds will be expended by Fiscal Year End but there is no formal spending plan.

### **Inmate Appeals**

**Verbal Instruction on Inmate Appeals:** Staff in facilities did not present verbal instruction on the appeal process to inmates. Only two staff out of five facilities indicated that they gave verbal instructions regarding the inmate's right to appeal and appeal procedures. According to the R&R staff, the S&E assigned to escort new arrival provides verbal instructions. However, various S&E staff stated that it is the R&R staff's responsibility to give verbal instructions. It is evident that there is no established procedure for verbal instructions. Also, an inquiry of the Laundry staff

**Training:** There is no evidence that the Appeals Coordinator works with the In-Service Training officer to ensure that the training on the appeals procedure is carried out. Additionally, non-custody supervisors do not receive appeals training during Supervisor's Orientation.

**Post-Hearing Processing Timelines:** Hearing to Facility Captain Review: Time from the date of the RVR hearing to the date the RVR was reviewed by the Facility Captain ranged from 2 day to 47 days. On average, the review of the RVR occurred 13 days after the hearing. (CDCR has no regulatory time constraints; however, the expectation is this time will be within 5 working days.) Facility Captain to Chief Disciplinary Officer (CDO) Review: Available information reflected time from the date the RVR was reviewed by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from 0 days to 12 days. (CDCR has no regulatory time constraints; however, the expectation is this time will be within 3 working days.) Chief Disciplinary Officer to ICC review: Time from the date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 3 days to 97 days. With the exception of Inmate Serrano's RVRs, which was a 97 day case, most cases were seen within 21 days of CDO review of the RVR. (The expectation is the inmate will appear before ICC within 14 days. This will allow staff a two-week ICC rotation period.)

NKSP has no issues with usage of the 800 MHz Trunked Radio System and all NKSP staff is following all required Public Safety Standards.

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**Case Records**

**Central File Request Process:**

- The central files data base is not updated after receiving information from the DAPO Case Records Office;
- Appropriate follow-up is not performed to contact the institution case records offices when the central file is not located at a parole case records office; and
- The CCRM of the institution did not always contact the CCRM of the parole case records office when Central Files have not been received within 30-days of the original receipt.

**Holds, Warrants, and Detainers:**

- Time frames are not being complied with for placing active holds, warrants, and detainers in the central file. This is primarily based on the backlog in the new commitment entries in OBIS and the file assembly process being backlogged until January 2, 2008. Commitment entries were previously backlogged one month, due to staffing shortages and vacant positions.
- The central files for new commitments were not being assembled and the Holds, Warrants, and Detainers documents were retained at the clerical's desk. The oldest un-filed warrant was for inmate F98589 Johnson, dated December 4, 2007.

**Warden's Check-Out Order:**

- Of the 41 cases reviewed, 14 cases are when the Intake Audit was completed after 30 days (The designated time frames are within 30 days for RC and 45 days for GP).

**Various Vacant Positions:** There had been 29 vacant positions for a significant period of time. Six positions were filled during the week of January 2, 2008. There is additional staff out on extended sick leave. The majority of the supervisory positions are vacant. The vacancies have required peer training for new staff. The vacancies are as follows:

- 2 Correctional Case Records Supervisors;
- 3 Office Services Supervisors;
- 4 Office Assistants (Typing);
- 1 Word Processing Technician;
- 1 Senior Word Processing Technician; and
- 4 Correctional Case Records Analyst and 6 Clerical Staff (PTs, OAs, OTs) are on extended sick leave.



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION  
AND  
DUE PROCESS

**NORTH KERN STATE PRISON**

**JANUARY 14-18, 2008**

**PRELIMINARY**



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

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# **Review of Administrative Segregation and Due Process**

## **North Kern State Prison**

### **INTRODUCTION**

This review of administrative segregation (ASU) operations and due process provisions at the North Kern State Prison (NKSP) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Audits and Compliance, between the dates of January 22-25, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), CDCR's Use of Force Policy, Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Mark Perkins, Facility Captain; Dave Stark, Correctional Counselor (CC) II; Michael Brown, Correctional Lieutenant; Al Sisneros, Correctional Lieutenant; and Nancy Fitzpatrick, Associate Governmental Program Analyst, of the CPRB.

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary reviewers and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

## **Review of Administrative Segregation and Due Process**

### **North Kern State Prison**

#### **REVIEW SCOPE AND METHODOLOGY**

The CPRB conducted an on-site review at NKSP during the period of January 22-25, 2008. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of ASU operations and due process provisions. This review and the attached findings represent the formal review of NKSP's compliance by CPRB.

The scope and methodology of this review was based upon written review procedures developed by CPRB and provided to NKSP's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process.

For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the units, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the reviewers.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was reviewed. Utilizing "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.

## Review of Administrative Segregation and Due Process

### North Kern State Prison

#### EXECUTIVE SUMMARY

During this formal review of compliance with State regulations and court-established standards regarding ASU operations and due process provisions at NKSP, the Facility was found to be in compliance with 64 (92 percent) of the 70 ratable areas. No areas were found to be not ratable during this review.

Areas of concern were found in the following areas:

- **Exercise.** The walk-alone yard group designation is not being offered 10 hours of outside exercise per week.
- **Quarterly Fire Drills.** Of the 12 fire drills required, 10 (83 percent) were documented.
- **Confidential Material.** Of the 30 records reviewed, 22 were not ratable as the reason for placement was not based upon confidential information. Of the 8 remaining records, 6 (75 percent) documented the CDC 1030 (Confidential Information Disclosure) was issued within the required time frame. The 2 remaining records did not contain a CDC 1030.
- **Administrative Review.** Of the 30 records reviewed, 25 (83 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in ASU. Of the 5 remaining records, 2 documented a late Captain's review (1 day late), 2 records documented a late countersignature by the Associate Warden (1-3 days) when the review was conducted by an acting Captain, and 1 record did not contain a countersignature by the Associate Warden when the review was conducted by an acting Captain.
- **Witnesses on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 18 (60 percent) contained documentation regarding the need for witnesses. The 12 remaining records left this section blank.

- **Waiver of 72-Hour Preparation Time.** Of the 30 records reviewed, 19 (63 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 11 remaining records, 6 documented the inmate had waived the 72-hour preparation time absent a signature by the inmate and 5 records left this section blank.

A complete description of these finding areas may be found in the narrative section of this report.

## Review of Administrative Segregation and Due Process

### North Kern State Prison

#### SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under Toussaint v. Gomez are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart utilizes the following symbols to denote compliance ratings:

SYMBOL	DEFINITION
<b>Compliance (C)</b>	The requirement is being met.
<b>Partial Compliance (P/C)</b>	The institution is clearly attempting to meet the requirement, but significant discrepancies currently exist.
<b>Noncompliance (N/C)</b>	The institution is clearly not meeting the requirement.
<b>Not Applicable (N/A)</b>	Responsibility for compliance in this area is not within the authority of this institution.
<b>Not Ratable (N/R)</b>	No measurable instances.

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

## Review of Administrative Segregation and Due Process

### North Kern State Prison

#### SUMMARY CHART

REVIEW STANDARD	REVIEW FINDING 12/05	REVIEW FINDING 1/08	PAGE NO.
<b>I. CONDITIONS OF SEGREGATED HOUSING</b>			
1. Living Conditions.	C	C	1
a. Housekeeping and Maintenance.	C	C	2
b. Vector Control.	C	C	2
2. Restrictions.	C	C	2
3. Clothing.	C	C	3
4. Meals.	C	C	3
5. Mail.	C	C	4
6. Visits.	C	C	5
7. Personal Cleanliness.			
a. Showering.	C	C	5
b. Haircuts.	C	C	6
c. Laundry Items.	C	C	6
8. Exercise.	P/C	P/C	6
9. Reading Material.	C	C	7
10. Rule Changes.	C	C	7



REVIEW STANDARD	REVIEW FINDING 12/05	REVIEW FINDING 1/08	PAGE NO.
11. Telephones.	C	C	8
12. Institution Programs and Services.	C	C	8
13. Visitation and Inspection.	C	C	9
a. Medical Attention.	C	C	10
14. Management Cells.			
a. Placement.	C	C	10
b. Reporting.	C	C	11
c. Transfer.	C	C	11
15. Access to the Courts.	C	C	12
16. Isolation Log Book (CDC 114).	C	C	12
17. Isolation/Segregation Record (CDC 114-A).			
a. All significant information documented.	C	C	13
b. Inmate Segregation Profile (CDC 114-A1) notes yard group designation.	C	C	13
c. CDC 114-A1 notes special information.	C	C	14
d. CDC 114-A1 is updated every 90 days.	P/C	C	14
18. Safety.			
a. Fire Safety.	C	C	15
b. Quarterly Fire Drills.	N/C	P/C	15
c. Documentation.	C	C	16

REVIEW STANDARD	REVIEW FINDING 12/05	REVIEW FINDING 1/08	PAGE NO.
<b>II. DUE PROCESS</b>			
1. Authority.	C	C	17
2. Written Notice.	C	C	17
3. Receipt of CDC 114-D.	C	C	18
4. Confidential Material.	C	P/C	18
5. Review.	C	P/C	19
a. Staff Assistance.	C	C	19
b. Witnesses.	C	P/C	20
c. Inmate Waiver of Time Limitations.	P/C	P/C	20
d. Hearing Time Constraints.	C	C	21
e. Decision.	C	C	21
6. Hearing Within 10 Days.	C	C	22
a. Determinations documented on the Classification Chrono (CDC 128-G).	C	C	22
b. Hearing Date.	C	C	23
c. Inmate Presence.	C	C	23
d. Hearing Officer.	C	C	23
e. Staff Assistant (SA)/Investigative Employee (IE) on CDC 128-G.	N/R	C	24
f. Witnesses on CDC 128-G.	C	C	24
g. The CDC 128-G notes yard group designation.	C	C	25

<b>REVIEW STANDARD</b>	<b>REVIEW FINDING 12/05</b>	<b>REVIEW FINDING 1/08</b>	<b>PAGE NO.</b>
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h. Cell Status.	C	C	25
i. Participation.	C	C	25
7. Classification Review.	C	C	26
8. Classification Staff Representative (CSR) Review.	C	C	26

<b>III. ADMINISTRATION</b>			
1. Training.	P/C	C	27
2. Institution Classification Committee (ICC).	C	C	27
3. Record of Disciplinary.	C	C	28
4. Post Orders-Firearms.	C	C	29
5. Post Order-Job Site.	C	C	29
6. Signing of Post Orders.	P/C	C	30
a. Post Orders-Staff.	P/C	C	30
b. Supervisor Inspection.	C	C	31
c. Post Order-Acknowledgment.	C	C	31
7. Protective Vests.	C	C	32

REVIEW STANDARD	REVIEW FINDING 12/05	REVIEW FINDING 1/08	PAGE NO.
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<b>IV. USE OF FORCE</b>			
1. Extraction.	P/C	<b>C</b>	33
a. Videotape Recording.	C	<b>C</b>	33
b. Prior authorization for use of Oleoresin Capsicum (OC).	C	<b>C</b>	34
2. Use of OC.	C	<b>C</b>	34
3. Decontamination.	C	<b>C</b>	35
4. Use of Force/Reasonable Force.	C	<b>C</b>	35
5. Reporting Force.	C	<b>C</b>	36
6. Reviewing Force.	C	<b>C</b>	36

## Formal Review of Administrative Segregation and Due Process

### North Kern State Prison

#### COMPARATIVE STATISTICAL SUMMARY CHART

#### DECEMBER 2005—JANUARY 2008 REVIEW FINDINGS

<b>RATING</b>	<b>TOTAL 12/05</b>	<b>RATING % 12/05</b>	<b>TOTAL 1/08</b>	<b>RATING % 1/08</b>
<b>COMPLIANCE</b>	61	88%	<b>64</b>	<b>92%</b>
<b>PARTIAL COMPLIANCE</b>	7	10%	<b>6</b>	<b>8%</b>
<b>NONCOMPLIANCE</b>	1	2%	<b>0</b>	
<b>NOT RATABLE</b>	1		<b>0</b>	
<b>TOTAL</b>	70	100%	<b>70</b>	<b>100%</b>

# **Formal Review of Administrative Segregation and Due Process**

## **North Kern State Prison**

### **SUMMARY OF FACILITIES REVIEWED**

NKSP includes 200 ASU beds in this Level I, III, and Reception Center Facility. At the time of this review, the Facility was housing 143 ASU inmates.

For the purposes of the review, the CPRB the ASUs, reviewed unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

## **I**

### **CONDITIONS OF SEGREGATED HOUSING**

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.  
**(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)**

### **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of NKSP's ASU approximates those of the general population.

- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.  
**(Reference: CCR, Title 15, Section 3345.)**

### **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in NKSP's ASU are provided a clean, properly maintained cell that approximates those of general population inmates. Telephonic repair requests are generated in the unit and submitted to Plant Operations when repairs are needed. General repairs are completed in a timely manner. Emergency work requests and health and safety issues are completed immediately.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.  
**(Authority cited: Toussaint v. McCarthy. Reference: CCR, Title 15, Section 3345.)**

### **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that NKSP's ASU controls vermin and pests by conducting regular inspections of the unit. Regular inspections and pesticide applications provide for the control of vermin and pests. In the event of an infestation, the ASU Sergeants notify Plant Operations and the situation is responded to immediately.

2. **Restrictions.** Whenever an inmate in ASU is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise

documented and available for review by administrative and other concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.

**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)**

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit staff utilizes an Informational Chrono (CDC 128-B) to notice administration as required.

3. **Clothing.** No inmate in ASU will be required to wear clothing that significantly differs from that worn by other inmates in the unit, except that temporary adjustments may be made in an inmate's clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.  
**(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)**

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the ASU were required to wear clothing that significantly differed from that worn by other inmates in the unit; nor were inmates clothed in a manner intended to degrade or humiliate.

4. **Meals.** Inmates assigned to ASU, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the



general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.

**(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)**

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, reviewed unit documentation, observed the breakfast and dinner meals, and interviewed unit staff and inmates.

The review revealed that inmates housed in the ASU are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the unit.

Food items are prepared in the Main Kitchen in bulk hotel pans and transported to the ASU where staff prepare individual trays to serve to the inmate population. Meal sample reports are being utilized and food temperatures are being taken and logged.

5. **Mail.** Inmates assigned to ASU, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.

**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)**

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the ASU are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing units (SHU), in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to SHUs shall be prohibited from physical contact with visitors.  
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all ASU inmates are restricted to noncontact visits. The review team found NKSP's ASU visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to ASU, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.  
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)

- a. Showering and shaving will be permitted at least three times a week.

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that shower facilities exist in the ASU and on the exercise yard. ASU inmates are provided the opportunity to shower three times per week. Razors for shaving are provided during shower periods.

- b. Haircuts will be provided as needed.

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided, upon request, for use on the exercise yard.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for general population inmates.

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the ASU. These laundry items are exchanged on the same basis as the general population.

- 8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose segregated housing units are equipped with their own recreation yard, the yard periods may substitute for other out of cell exercise periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)**

## Findings

### **PARTIAL COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that NKSP's ASU provides controlled compatible, reintegrated mixed, and walk-alone yard group designations. The controlled compatible and reintegrated mixed yard group designations are receiving the required amount of outdoor exercise. However, the walk-alone yard group designation is not being offered ten hours of outside exercise per week.

9. **Reading Material.** Inmates assigned to ASU, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.  
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)

## Findings

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that ASU inmates are provided library books on a weekly basis. The books are requested from the unit officer, who distributes the reading material on Second Watch.

10. **Rule Changes.** The Notice of Change to the CCR shall be posted and made available to all inmates and staff. Notices shall be posted in inmate housing units, corridors, and other areas easily accessible to inmates, and provided to inmate lock-up units. The Classification and Parole Representative shall ensure

that the inmate population has knowledge of the Board of Prison Terms/Narcotic Addiction Evaluation Authority Rules and of amendments.

**(Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Sections 12010.5.8 and 12010.8.)**

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the ASU posts proposed changes or changes to the Director's Rules, DOM, ABs, and memorandums that affect the inmate population in a conspicuous location for egress to the yard.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in ASU. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)**

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that NKSP provides ASU inmates telephone usage pursuant to CCR, Title 15, Section 3343 (j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregated housing units will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the

security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance, and recreation.

**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)**

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that NKSP provides programs to include commissary, library services, recreation, and spiritual counseling. In addition, religious publications are provided upon request.

13. **Visitation and Inspection.** Inmates assigned to ASU, including special purpose segregated units, will be seen daily by the custodial supervisor in charge of the unit and by a physician, registered nurse, or medical technical assistant and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)**

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to the ASU on both Second and Third Watches. In addition, management staff are available for interviews prior to the ICC hearings and CDC 114-D segregation placement administrative reviews. The Facility Sergeant tours the unit during First Watch to ensure any emergency is properly addressed. The medical staff tour and psychiatric staff are assigned to the

**unit on Second and Third Watches passing out medication, collecting sick call slips, and screening for medical and mental health needs.**

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or SHU, where inmates are segregated for disciplinary or administrative purposes, will ensure that inmates needing medical attention receive it promptly.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)**

### **Findings**

#### **COMPLIANCE**

**The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.**

**The review revealed that unit custody staff notify medical staff in the event of any medical situation or emergency. The general medical treatment line is conducted on Tuesdays. First Watch medical emergencies are responded to by the medical staff assigned to the Correctional Treatment Center. In addition, as stated above, medical staff tour and psychiatric staff are assigned to the unit daily.**

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior, and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in CCR, Title 15, Section 3332(f).  
**(Authority cited: PC, Sections 2601(d), 5054, and 5058. Reference: CCR, Title 15, Section 3343(m).**
- a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior, and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that NKSP maintains six management cells. These cells are utilized to house unmanageable, uncontrollable, disruptive inmates who persist in disruptive/destructive behavior. Placement in the management cell is by order of the Facility Captain or Administrative Officer of the Day (AOD).

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or AOD, one of whom will review management cell resident status daily.

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Facility Captain or AOD reviews the inmate's management cell status daily.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.  
**(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)**



## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a Psychiatric Technician is available in the ASU seven days per week. This staff member has the ability to assess inmates placed on management cell status and make appropriate referrals as needed.

15. **Access to the Courts.** Inmates confined in ASU for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3164(a) and (d); DOM, Section 53060.10; and Toussaint v. Gomez.)**

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff and inmates.

The review revealed NKSP's ASU provides direct access to a law library. Inmates submit written requests for law library services to the Law Librarian who screens the requests and schedules the inmates for access. Preferred legal users and inmates with court deadlines receive priority access.

16. **ASU Log.** A CDC 114 will be maintained in each ASU, including special purpose segregated units. One CDC 114 may serve two or more special purpose units which are administered and supervised by the same staff members.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)**

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114, is maintained within the unit. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **Isolation/Segregation Record.** A separate record will be maintained for each inmate assigned to ASU, including special purpose segregated units. This record will be compiled on a CDC 114-A and a CDC 114-A1.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); DOM, Section 52080.22.5; and IB 98/27.)**
  - a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A in chronological order.

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114-A is maintained for each inmate assigned to the ASU. The CDC 114-As were found to contain significant information, in chronological order, relating to the inmate during the course of segregation. However, it was noted by the review team that fish kits are not consistently documented on the CDC 114-As.

- b. The CDC 114-A1 documents the inmate's current yard group designation.

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review team reviewed a random sample of 15 CDC 114-A1s. Each (100 percent) of the 15 CDC 114-A1s reviewed documented the inmate's current yard group designation.

- c. The CDC 114-A1 documents the inmate's special information.

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that each (100 percent) of the 15 randomly selected CDC 114-A1s reviewed documented the inmate's special information.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.

### **Findings**

#### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 15 CDC 114-A1s reviewed, 10 were not ratable as the inmate had not been on ASU status for a period of time long enough to require a 90-day update. Each (100 percent) of the 5 ratable CDC 114-A1s reviewed were updated as required.

18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.  
**(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)**
- a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate that all employees be instructed and trained concerning their duties and responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.  
**(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)**

### **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that NKSP's ASU maintains a written policy which specifies the unit's fire prevention regulations and practices.

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or Facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.  
**(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that staff are trained with emergency evacuation plan procedures and evacuation routes are conspicuously posted within the unit. However, documentation was not present to support that quarterly simulated emergency fire drills, under varied conditions, are being conducted during all 3 watches. Of the 12 fire drills required, 10 (83 percent) were documented.

- c. At the conclusion of fire drills, the area supervisor shall complete a DS 5003 indicating the necessary information and forward a copy to the Fire Chief.

**(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)**

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that when quarterly simulated emergency fire drills are conducted, DS 5003s are being completed and forwarded to the Fire Chief as required.

## II

### DUE PROCESS

Procedural safeguards are essential for effective transfers of prisoners from the general prison population to a maximum security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in ASU, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)**

### Findings

### COMPLIANCE

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 29 (97 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The 1 remaining file documented the official ordering segregation was an acting Lieutenant.

2. **Written Notice.** The reason for ordering an inmate's placement in ASU will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); DOM, Section 52080.25; and IB 98/27.)**

## **Findings**

### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 29 (97 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. In the 1 remaining record, the box indicating the use of confidential information as the basis for placement was not marked; nor was the disclosure date of the confidential information documented on the CDC 114-D.

3. **Receipt of CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in ASU, but not later than 48 hours after such placement.  
**(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)**

## **Findings**

### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 29 (97 percent) contained documentation that indicated the inmates were given a copy of the CDC 114-D within 48 hours of placement. The 1 remaining record did not contain the date of service.

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.  
**(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 22 were not ratable as the reason for placement was not based upon confidential information. Of the 8 remaining records, 6 (75 percent) documented the CDC 1030 was issued within the required time frame. The 2 remaining records did not contain a CDC 1030.

5. **Review.** On the first work day following an inmate's placement in ASU, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in ASU is approved at this review, the following determinations will be made at this level  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 25 (83 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in ASU. Of the 5 remaining records, 2 documented a late Captain's review (1 day late), 2 records documented a late countersignature by the Associate Warden (1-3 days) when the review was conducted by an acting Captain, and 1 record did not contain a countersignature by the Associate Warden when the review was conducted by an acting Captain.

- a. Determine the appropriate assignment of staff assistance.  
**(Reference: CCR, Title 15, Section 3337(a).)**



## **Findings**

### **COMPLIANCE**

**The CPRB examined 30 central files of inmates housed in NKSP's ASU.**

**Of the 30 records reviewed, 29 (97 percent) contained documentation of a determination for the assignment of a SA/IE. The 1 remaining record left the SA section incomplete.**

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, IE will be assigned to the case. A request to call witnesses must be submitted in writing by the inmate.

**(Reference: CCR, Title 15, Section 3337(b).)**

## **Findings**

### **PARTIAL COMPLIANCE**

**The CPRB examined 30 central files of inmates housed in NKSP's ASU.**

**Of the 30 records reviewed, 18 (60 percent) contained documentation regarding the need for witnesses. The 12 remaining records left this section blank.**

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.

**(Reference: CCR, Title 15, Section 3337(c).)**

## **Findings**

### **PARTIAL COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 19 (63 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 11 remaining records, 6 documented the inmate had waived the 72-hour preparation time absent a signature by the inmate and 5 records left this section blank.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Section 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.  
**(Reference: CCR, Title 15, Section 3337 (d).)**

## **Findings**

### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Each (100 percent) of the 30 records reviewed contained documentation that the hearing time frames were appropriate based on the inmate's request.

- e. Decision to retain in ASU or release to unit/facility.

## **Findings**

### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Each (100 percent) of the 30 records reviewed contained documentation that a decision was made to retain or release the inmate based on the administrative review.

6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within 10 days of receipt in the unit.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3338(a), (b), (c), (d), (g), (h), (i), 3375, and 3339 (b) (2); and DOM, Sections 52080.27.4 and 62010.9.1.)**

### **Findings**

#### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 28 (93 percent) contained documentation of an ICC review within 10 days of an inmate's placement in ASU. The 2 remaining records documented that ICC was held 4 days late.

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), and (h); and DOM, Sections 52080.27.4 and 62010.9.1.)**

### **Findings**

#### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Each (100 percent) of the 30 records reviewed contained documentation of the determination arrived at during the ICC on the CDC 128-G.

- b. Was the hearing date recorded on the CDC 128-G?  
(Reference: CCR, Title 15, Section 3375(g)(9); and DOM, Section 62010.9.1.)

### Findings

### COMPLIANCE

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Each (100 percent) of the 30 records reviewed contained properly documented hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?  
(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)

### Findings

### COMPLIANCE

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Each (100 percent) of the 30 records reviewed contained documentation to verify the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?  
(Reference: CCR, Title 15, Sections 3375(g)(6-8); and DOM, Section 62010.9.1.)

### **Findings**

#### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Each (100 percent) of the 30 records reviewed identified the Hearing Officers on the CDC 128-G.

- e. If appropriate, were the SA and the IE identified in the CDC 128-G?  
(Reference: CCR, Title 15, Section 3338(c)(i); and DOM, Section 62010.9.1.)

### **Findings**

#### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 29 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. The 1 ratable record documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?  
(Reference: CCR, Title 15, Sections 3338(h) and (i); and DOM, Section 52080.27.3-.4.)

### **Findings**

#### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 18 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 12 remaining records,

**11 (92 percent) properly documented the need for witnesses as required. The 1 remaining record did not contain this information.**

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.  
**(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)**

### **Findings**

### **COMPLIANCE**

**The CPRB examined 30 central files of inmates housed in NKSP's ASU.**

**Each (100 percent) of the 30 records reviewed contained documentation of the inmate's yard group designation on the CDC 128-G.**

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).  
**(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)**

### **Findings**

### **COMPLIANCE**

**The CPRB examined 30 central files of inmates housed in NKSP's ASU.**

**Each (100 percent) of the 30 records reviewed contained documentation of the inmate's current cell status on the CDC 128-G.**

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the ICC's action.  
**(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)**

## **Findings**

### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Each (100 percent) of the 30 records reviewed contained documentation of the inmate's participation with the ICC on the CDC 128-G.

7. **Classification Review.** Instead of the ICC reviewing each inmate's case every 30 days, inmates in ASU for nondisciplinary reasons shall require routine review no more frequently than every 90 days, or when scheduled by staff for specific action. Inmates segregated for disciplinary reasons shall be reviewed by ICC at least every 180 days, or when scheduled by staff for specific action.  
**(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, ASU Classification Review.)**

## **Findings**

### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Of the 30 records reviewed, 13 were not ratable as the inmate had not been on ASU status long enough to require a follow-up review. Each (100 percent) of the 17 ratable records contained documentation of an ICC review as appropriate.

8. **The CSR Review.** All inmates retained in ASU at their ten-day ASU hearing shall be referred to the CSR for retention authorization at that initial review.  
**(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, ASU Classification Review.)**

## **Findings**

### **COMPLIANCE**

The CPRB examined 30 central files of inmates housed in NKSP's ASU.

Each (100 percent) of the 30 records reviewed contained documentation that indicated the case had been referred to a CSR for review as appropriate.

### **III**

### **ADMINISTRATION**

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.  
**(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)**

## **Findings**

### **COMPLIANCE**

The CPRB interviewed In-Service Training staff and examined the training records of all ASU staff assigned to the unit for one year or more.

Documentation provided revealed that 46 custody staff have been assigned to the ASU for one year or more. These 46 staff members are each required to have received 11 specialized training classes. Of the 506 required specialized training classes, 477 (94 percent) have been taken.

2. **The ICC.** The ICC shall consist of:
  - Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (chairperson);



- Correctional Administrator or Parole Administrator III (alternate Chairperson);
  - Psychiatrist or Physician;
  - Facility Captain;
  - Correctional Captain;
  - CC III or Parole Agent III, or CC II or Parole Agent II (Committee Recorder);
  - Assignment Lieutenant;
  - Educational or Vocational Program Representative; and
  - Other Staff as required.
- (Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3376(c)(2); and DOM, Section 62010.8.2.)**

### **Findings**

#### **COMPLIANCE**

**The CPRB examined 30 central files, observed ICC, and reviewed CDC 128-Gs.**

**The review revealed that the composition of the ICC was in compliance with this standard.**

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.  
**(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)**

## **Findings**

### **COMPLIANCE**

The CPRB interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution maintains a Register of Institutional Violations which meets the basic requirements of DOM. A tracking system is utilized to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order-Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.  
**(Authority cited: PC, Sections 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)**

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that there are 4 identified gun posts (3 Control and 1 yard gun) that require use of force policies be addressed as part of the post orders. Each (100 percent) of the armed posts directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.

5. **Post Order-Job Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job site.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)**

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that a current copy of the post order is provided at the job-site for each (100 percent) of the 27 ASU posts.

6. Employees under post orders are required to sign and date the Post Order Acknowledgment Form (CDC 1860) verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed there are 53 identified staff who are assigned to 27 ASU posts. Of the 56 required signatures, 52 (93 percent) were present acknowledging the understanding of the post orders.

- a. **Post Order-Staff.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)**

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that unit supervisors ensure that custodial staff assigned to the ASU read and understand their post order upon assuming their post.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the CDC 1860. Any torn or missing pages noted shall be replaced as soon as practical.

## **Findings**

### **COMPLIANCE**

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to the ASU, inspect the CDC 1860 on a monthly basis.

- c. A CDC 1860 shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. The CDC 1860s shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).  
**(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.2.)**

## Findings

### COMPLIANCE

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that NKSP utilizes a CDC 1860 to allow the staff member to verify, by signature, that they have read and understand the order for the post and this is then countersigned by the supervisor. Each (100 percent) of the 27 post orders reviewed contained the current acknowledgment sheet.

7. **Protective Vests.** All CDCR employees, regardless of personnel classification, entering a Security Housing Unit, Special Management Program, ASU, Temporary Detention Unit, Condemned Housing Unit, Psychiatric Services Unit, or Special Behavioral Treatment Program, shall wear a Stab Resistant Vest when the employee is:
- In direct contact with inmates/wards/patients within the aforementioned units (unrestrained or restrained).
  - Escorting inmates/wards/patients housed within the aforementioned units anywhere on institution grounds.
  - On the aforementioned unit tiers.
- (Authority cited: DOM, Section 33020.16.2)**

## Findings

### COMPLIANCE

The CPRB toured NKSP's ASU, examined unit documentation, and interviewed unit staff.

The review revealed that all required staff wear a protective vest while in the ASU.

## IV

### USE OF FORCE

1. **Extraction.** Before making the final decision to proceed with any extraction, custody/health care staff must consider the gravity of the situation, coupled with the inmate's demeanor, e.g., verbal aggression as opposed to physical aggression, prior history of violence, physical threat to the safety of others, security of the Institution, etc., which may reasonably occur if the inmate is not moved.  
**(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: CCR, Title 15, Section 3268 (b); and AB 99/03.)**

### Findings

### COMPLIANCE

The CPRB examined the 29 closed incident report packages that documented use of force on inmates housed in NKSP's ASU within the last year.

Of the 29 incident reports reviewed, 21 were not ratable as they did not necessitate an extraction. Each (100 percent) of the 8 ratable incidents contained documentation that consideration was given to the gravity of the situation, coupled with the inmate's demeanor, prior history of violence, physical threat to the safety of others, security of the Institution, etc., which may reasonably occur if the inmate is not moved.

- a. Preplanned tactical extraction situations will be videotape recorded.  
**(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: AB 99/03.)**

## **Findings**

### **COMPLIANCE**

The CPRB examined the 29 closed incident report packages that documented use of force on inmates housed in NKSP's ASU within the last year.

Of the 29 incident reports reviewed, 21 were not ratable as they were not handled as calculated use of force. The 8 (100 percent) ratable incident reports documented that the incident was properly videotape recorded.

- b. In calculated use of force situations where inmates are housed, a supervisor shall administer the OC product against the inmate and any extraction will be videotape recorded. Prior authorization for the use of an OC product shall be obtained during business hours at the level of Correctional/Facility Captain, or higher, and during non-business hours the AOD.

**(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: AB 99/03.)**

## **Findings**

### **COMPLIANCE**

The CPRB examined the 29 closed incident report packages of use of force on inmates housed in NKSP's ASU within the last year.

Of the 29 incident reports reviewed, 21 were not ratable as they were not handled as calculated use of force. The 8 (100 percent) ratable incident reports documented that the prior authorization for the use of OC was properly obtained or denied.

- 2. **Use of OC.** In institutions, the use of OC is designed to control, subdue, contain, or escort a combative, assaultive, violent, or physically resistive inmate(s). The use of this chemical agent shall not be for punishment and must be reasonable and necessary.

**(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: AB 99/03.)**

## Findings

### COMPLIANCE

The CPRB examined the 29 closed incident report packages that documented use of force on inmates housed in NKSP's ASU during the past year.

Of the 29 incident reports reviewed, 3 were not ratable as they did not necessitate the use of OC. Each (100 percent) of the 26 ratable records documented that the use of OC was appropriate.

3. **Decontamination.** Any exposed individual shall be decontaminated in accordance with departmental policy. Those refusing decontamination shall be monitored by health care employees at least every 15 minutes for a period of not less than 45 minutes with documentation of their observations on a Medical Report of Injury or Unusual Occurrence.  
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: AB 96/4R and AB 99/03.)

## Findings

### COMPLIANCE

The CPRB examined the 29 closed incident report packages that documented use of force on inmates housed in NKSP's ASU during the past year.

Of the 29 incident reports reviewed, 3 were not ratable as they did not necessitate the use of OC. Each (100 percent) of the 26 ratable records documented the decontamination of the inmate or refusal by the inmate of decontamination, as appropriate.

4. **Use of Force/Reasonable Force.** The force that an objective, trained, and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.  
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: CCR, Title 15, Section 3268(a)(1); and AB 99/03.)



## Findings

### COMPLIANCE

The CPRB examined the 29 closed incident report packages that documented use of force on inmates housed in NKSP's ASU during the past year.

Each (100 percent) of the 29 incident reports reviewed documented that the force used was necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.

5. **Reporting Force.** An employee who uses or observes non-deadly force greater than verbal persuasion to overcome resistance or gain compliance with an order shall document that fact. The document shall identify any witnesses to the incident and describe the circumstances giving rise to the use of force, and the nature and extent of the force used. The employee shall provide the document to his or her immediate supervisor.  
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058.  
Reference: CCR, Title 15, Section 3268.1(a)(1); and AB 99/03.)

## Findings

### COMPLIANCE

The CPRB examined the 29 closed incident report packages that documented use of force on inmates housed in NKSP's ASU during the past year.

Of the 29 incident reports reviewed, 28 (97 percent) indicated that a report, including the identification of witnesses, was written by the employee who used or observed non-deadly force greater than verbal persuasion. These reports were then given to the employee's immediate supervisor as required.

The 1 remaining incident report contained a deficiency as follows:

- **NKP-D-07-05-0182.** Correctional Officer Garrison was assigned as a camera operator during a cell extraction. There was no documentation

of a CDC 837-C being generated by Garrison and no mention of this oversight was noted by the Executive Review Committee.

6. **Reviewing Force.** The employee's immediate supervisor shall review the document to ensure that it is adequately prepared and to reach a judgment concerning the appropriateness of the force used. The supervisor shall document his or her conclusions and forward them along with the employee's document, through the designated chain of command, to the institutional head for approval or follow-up action.

**(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: CCR, Title 15, Section 3268.1(a)(2); and AB 99/03.)**

### **Findings**

#### **COMPLIANCE**

The CPRB examined the 29 closed incident report packages that documented use of force on inmates housed in NKSP's ASU during the past year.

Each (100 percent) of the 29 incident reports reviewed indicated the involved employee's immediate supervisor reviewed the report, ensured that it was adequately prepared, and reached a judgment concerning the appropriateness of the force used. The reports were then forwarded through the designated chain of command, to the institutional head and Executive Review Committee for analysis, approval, or follow-up action.

## Review of Administrative Segregation and Due Process

### North Kern State Prison

#### GLOSSARY

<b>AB</b>	Administrative Bulletin
<b>ASU</b>	Administrative Segregation
<b>AOD</b>	Administrative Officer of the Day
<b>ASU</b>	Administrative Segregation Unit
<b>CC</b>	Correctional Counselor
<b>CCR</b>	California Code of Regulations
<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CDC 114</b>	Isolation Log Book
<b>CDC 114-A</b>	Isolation/Segregation Profile
<b>CDC 114-A1</b>	Inmate Segregation Profile
<b>CDC 114-D</b>	Order for Placement/Retention in Administrative Segregation
<b>CDC 128-G</b>	Classification Chrono Form
<b>CDC 1030</b>	Confidential Information Disclosure
<b>CDC 1860</b>	Post Order Acknowledgment Form
<b>CDC 7219</b>	Medical Report of Injury or Unusual Occurrence
<b>CPRB</b>	Compliance/Peer Review Branch
<b>CSR</b>	Classification Staff Representative
<b>DOM</b>	Department Operations Manual
<b>DS 5003</b>	Fire Drill Report
<b>IB</b>	Informational Bulletin
<b>ICC</b>	Institution Classification Committee
<b>IE</b>	Investigative Employee
<b>NKSP</b>	North Kern State Prison
<b>OC</b>	Oleoresin Capsicum
<b>PC</b>	California Penal Code
<b>SA</b>	Staff Assistant
<b>SHU</b>	Security Housing Unit

CALIFORNIA DEPARTMENT OF CORRECTIONS AND  
REHABILITATION  
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

NORTH KERN STATE PRISON

JANUARY 14 –30, 2008

**PRELIMINARY REPORT**

CONDUCTED BY  
AUDITS BRANCH



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**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**NORTH KERN STATE PRISON**

**INTRODUCTION**

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch conducted an audit of Business Services at North Kern State Prison (NKSP). The purpose of the audit was to analyze and evaluate the level of compliance with State and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Delegating Testing;
- Payroll/Accounting;
- Position Control;
- Procurement (i.e., Service and Expense Orders/Direct Pay);
- Materials Management (i.e., Warehousing and Inventory Control);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

The fieldwork was performed during the period of January 14 through 30, 2008. The exit conference was held on January 30, 2008.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Annette Sierra, Sonny Tran, Annecia Coleman, Michael Robinson and Naomi Banks conducted the audit. In addition, Dean Thompson, Correctional Food Manager II, California State Prison, Corcoran, and Doug Chaffer, Hazardous Materials Specialist, Avenal State Prison, provided subject matter expertise. Patricia Weatherspoon, Senior Management Auditor provided second line supervision and review. Richard C. Krupp, Assistant Secretary of the OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of the prior reports, test of transactions, interviews, observation, periodic management briefings, an exit conference, and issuance of the preliminary report.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**NORTH KERN STATE PRISON**

**AUDIT SCOPE**

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of NKSP's system of management control and compliance to applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the Audits Branch performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

## **SYMPTOMS OF CONTROL DEFICIENCIES**

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.



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**CORRECTIVE ACTION PLAN**

NKSP's corrective action plan (CAP) is due within 30 days of receipt of the draft report. See Attachment for a sample of the format.

The CAP is designed to document the institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to [René.Francis@cdcr.ca.gov](mailto:René.Francis@cdcr.ca.gov) and [Michael.Frazier2@cdcr.ca.gov](mailto:Michael.Frazier2@cdcr.ca.gov). Send the original to René Francis, (Audits Branch), PO Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact René Francis, Staff Management Auditor, at (916) 358-2070 or Patricia Weatherspoon, Senior Management Auditor at (916) 358-2129.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**NORTH KERN STATE PRISON**

**EXECUTIVE SUMMARY**

The Audits Branch conducted an audit of the Business Services Operations at NKSP from January 14 through 30, 2008. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures.

The exit conference was held on January 30, 2008. The Audits Branch requested that NKSP provide a CAP within 30 days of receipt of the draft report.

**Areas audited:**

- Personnel Transactions;
- Delegating Testing;
- Payroll/Accounting;
- Position Control;
- Procurement (i.e., Service and Expense Orders/Direct Pay);
- Materials Management (i.e., Warehousing and Inventory Control);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

**Forty-one findings are identified in the draft report, categorized under the following topics:**

Category	Number of Findings	Page Number
Health and Safety	13	1
Administrative Concerns	4	7
Policies and Procedures	2	8
Internal Control	3	10
Late Detection and Additional Workload	17	12
Training	1	21
Penalties and Fines	1	21
<b>Total</b>	<b>41</b>	

This executive summary provides the category, a brief description of the finding, prior finding if applicable, policy violated, and the impact on the Institution.

## **I. HEALTH AND SAFETY**

### **A. Environmental Health and Safety**

The Business Plan is incomplete. It is missing a site and storage map, hazardous content inventory sheet, contingency plans and emergency procedures. California Code of Regulation (CCR), Title 19, Sections 2729-2732.

**Impact:** This condition makes it difficult to identify the location and composition of chemicals in order to properly respond to a fire or other type of emergency.

The Materials Safety Data Sheets (MSDS) for chemicals is not maintained in seven of the ten housing units inspected. Department Operations Manual (DOM), Section 52030. **(Prior Finding)**

**Impact:** This condition may delay medical treatment in the event of an emergency.

Documentation related to barber training is not retained. Operational Procedure (OP) #208, Section VI.

**Impact:** This condition creates difficulty in verifying whether training has been completed.

Of the 12 pressure vessel permits maintained by the Plant Operations, 3 are outdated. Labor Code 7680.

**Impact:** This condition may result in late detection of problems and irregularities, and may result in fines and penalties.

### **B. Occupational Health and Safety**

NKSP does not have an approved written Respiratory Protection Program. CCR, Title 8, Section 5144.

**Impact:** This issue may result in injury and illness.

A procedure for hearing protection has not been approved by the Warden or Associate Warden of Business Services. The Audits Branch observed inmates working with power tools who were not using hearing protection. CCR, Title 8, Sections 3023 and 5097.

**Impact:** This issue may contribute to inmates hearing loss.

Bio-hazardous waste containers and red bags are not used for their intended purposes. NKSP's DOM Supplement, Section 5200.

**Impact:** These conditions may unnecessarily expose staff to hazardous substances.

Inmates working in the A Facility kitchen are not wearing work boots. DOM, Section 54090.5.

**Impact:** This issue may result in injury which otherwise can be prevented if appropriate footwear is worn.

### **C. Plant Operations**

Safety meetings, or tailgates, are not conducted and/or documented for each maintenance shop at least once every ten days. CCR, Title 8, Article 3, Section 8406(e).

**Impact:** This issue may result in complacency in the area of workplace safety.

The codes of safe issues and site specific hazard evaluations are not maintained or kept current. NKSP's Injury Illness Preventive Plan (IIPP), Section IV.

**Impact:** This issue may result in staff not performing their duties in a safe manner.

Electric drill press machines located at the A-Yard Carpenter Shop and Minimum Security Facility (MSF) Maintenance Shop are not equipped with emergency block out capabilities. Title 29, Code of Federal Regulation, Section 1910.147.

**Impact:** This condition may result in staff incurring electrical injury.

Eye wash stations in Plant Operations trade shops do not have records or logs documenting the weekly tests to verify proper operation. CCR, Title 8, Section 5162(a).

**Impact:** This condition may result in late detection of malfunctions of eye wash stations, which may result in difficulties responding to emergencies.

### **D. Food Services**

In the Central Kitchen, dishwashing temperatures are not recorded for the evening shifts. DOM, Section 54080.20. **(Prior Finding)**

**Impact:** This issue creates difficulty determining temperatures, and could result in late detection of equipment malfunctions and inadequate sanitation.

## **II. ADMINISTRATIVE CONCERNS**

### **A. Occupational Health and Safety**

Voting members of the Health and Safety Committee or their designees are not regularly attending health and safety meetings. DOM, Section 31020.7.1.1.

**Impact:** This condition may prevent health and safety issues from being discussed and resolved.

## **B. Personnel**

Timekeeping has not forwarded the report entitled, "Employees Required to Submit Employee Attendance Records and PALS Worksheet (CDC 998-A) forms", to the personnel transaction staff for approximately three years. As a result, Accounts Receivable (AR) have not been established. Administrative Bulletin (AB) 04-01.

**Impact:** This issue could result in the loss of state funds, manipulation and unauthorized use of time, difficulty detecting errors and/or irregularities. In addition, it may create a financial hardship on employees, and additional workload.

Twenty-seven percent of custody staff have not submitted their CDC 998-As to the personnel office for November 2007. AB 04-01.

**Impact:** Late detection of errors and irregularities.

Probation Reports and Individual Development Plans are not processed by supervisors for employees under their supervision. The personnel office is distributing a listing of what is due, which includes the reports that are overdue to each department manager. Government Code (GC), Section 19172.

**Impact:** This issue results in employees unable to ascertain the progress of their job development.

## **III. POLICIES AND PROCEDURES**

### **A. Operational Procedures and DOM Supplements**

The Audit Branch reviewed 31 operational procedures and DOM supplements; 18 are not updated annually. In addition, 11 have revision dates that differ from the list provided by the Administrative Assistant. State Administrative Manual (SAM), Section 20050.

**Impact:** This issue may result in staff not being aware of current policies and procedures.

### **B. Plant Operations Procedure Manual (POPM)**

The POPM is outdated (e.g. work order procedures, preventive maintenance (PM), and IIPP). DOM, Section 12010, SAM, Section 20050.

**Impact:** This issue may result in staff being unaware of current operational procedures. In addition, outdated procedures may make training difficult.

#### **IV. INTERNAL CONTROL**

##### **A. Non-Drug Medical**

The non-drug medical warehouse has the following deficiencies.  
**(Prior Findings):**

- Access to the Medical Central Supply is not sufficiently controlled. No document is used to track visitors who access the storage warehouse. DOM, Section 22030.11.1.
- The separation of duties is inadequate. One staff member is responsible for ordering, receiving, maintaining inventory, data input, and conducting inventory counts. SAM, Section 20050.
- Data entry of purchase orders, stock received reports and the Order for Storeroom Supplies (Std. Form 115) are not completed in a timely manner. DOM, Section 22030.10.
- Inventory reconciliations are not performed at regular intervals and on a consistent basis. DOM, Section 22030.11.8.

**Impact:** These issues result in the late detection of errors, irregularities, and/or misappropriation.

##### **B. Personnel**

Reconciliation of reports related to position control transactions is not performed. Payroll Procedure Manual (PPM) Section C310. **(Prior Finding)**

**Impact:** This issue may result in late detection of errors and irregularities, loss of positions and the over-expenditure of budget authority.

The Signature Card Authorization (PSD 8A) is not current. PPM, Section I 501.

**Impact:** This could result in improper authorization of payroll documents.

#### **V. LATE DETECTION AND ADDITIONAL WORKLOAD**

##### **A. Inmate Trust Accounting**

There are 44 outstanding checks over one year old that have not been canceled. SAM, Section 8042.

**Impact:** This issue may result in the loss of interest income to the State.

The Inmate Trust Accounting Office does not maintain a general ledger. Inmate Trust Fund Manual (ITFM).

**Impact:** This condition creates difficulty reconciling accounts, which may result in the late detection of errors and irregularities.

Holds on inmate funds are not processed in a timely manner. Inmate Trust Accounting Office Operational Guide (ITAOOG), Section 235.

**Impact:** This issue results in additional workload, loss of funds to the State, and inmate funds not being available.

There are old reconciling items reflected on bank reconciliations that have not been resolved. SAM, Section 7923.

**Impact:** This issue creates difficulties reconciling items as time passes.

The Outstanding Check Report is not utilized to reconcile the Bank reconciliation. ITAOG, Section 2005.

**Impact:** This condition makes it difficult to determine whether the correct figure was used to reconcile outstanding checks.

## **B. Plant Operations**

Equipment Maintenance Data Summary Sheets are not prepared for newly purchased and installed equipment. Department Plant Operation Maintenance Procedures Manual (DPOMPM), Section 2.D.5, Standard Automated Preventive Maintenance System (SAPMS) guidelines. **(Prior Finding)**

**Impact:** This condition results in equipment not receiving a SAPMS identifier which may exclude them from the PM schedule.

There are deficiencies related to PM. For example, PM for heating, ventilation and air conditioning (HVAC) is not performed in accordance with the NKSP's published schedule. Also, 98 percent of backflow devices are not tested annually. SAPMS guidelines and the California Plumbing Code, Section 603.3.2.

**Impact:** These issues may result in late detection of equipment malfunction and could lead to additional cost in the form of repairs. Additionally, PM is given a low priority by plant operations.

There are deficiencies related to work orders. For example, work order priorities are not established according to the departmental guidelines and completed work orders are not submitted for timely input. OP #127. **(Prior Finding)**

**Impact:** This issue results in the late detection of errors and may impact the accuracy of the (Plant Operations Maintenance (POM)) Report.

As a result of the above finding and the fact that reports are not forwarded to management for review, the reports are inaccurate. The Audits Branch examined reports for the period of July through December 2007. SAMPM guidelines. **(Prior Finding)** The following deficiencies were noted:

1. Total hours spent to maintain the physical plant is understated by 6,000 hours.
2. Work order priorities are not established according to departmental guidelines.
3. Overtime in the amount of \$49,000 may not have been captured.

**Impact:** These issues may result in late detection of errors and/or irregularities. Additionally, inaccurate reports are provided to institutional management and Central Office Maintenance Unit.

### **C. Property**

Property is transferred and/or disposed without proper documentation. As a result, 1,035 property items valued at \$816,000 (8 percent of the total value) are reported as missing, or their exact location cannot be determined. DOM, Section 22030.13. **(Prior Finding)**

**Impact:** This issue results in the late detection of missing property and possible theft.

### **D. Personnel Transactions**

Suspended payments are not cleared in a timely manner. There are 15 suspended payments which are outstanding, 12 have not been cleared within 90 days, and 1 that dates back to May 2006. PPM, Section 1406.

**Impact:** This issue could result in incomplete payroll transactions and difficulty reconciling payroll history.

There is clutter and disorganization in work areas within the Personnel Office (e.g. Official Personal Files (OPF), Warrant Registers, and Pay Documents). AB 94/6.

**Impact:** This issue could result in difficulty determining the status of personnel related transactions.

Two employees have had disqualifying pay periods in their employment history; however, no action (i.e. performance reports, adverse action) has been taken or documented

**Impact:** This issue results in unauthorized leave and additional workload.

Five lump sum payments were not issued from the 912 Blanket Serial Number. Payments date back to March 2007

**Impact:** This issue could result in the over-expenditure of the budgeted authority and creates an additional workload.

### **E. Delegated Testing**

A Competitive Rating Sheet was not completed for the Native American Spiritual Leader exam that was given on a 100 percent education and experience basis. Delegated Testing Manual, CCR, Section 199. **(Prior Finding)**

**Impact:** If the exam file does not have the required and all-inclusive documentation, it may be difficult to determine the rater and candidate's score.



The Post Examination Evaluation Form, State Personnel Board (SPB) 295 is not always completed. Delegated Testing Manual, CCR, Section 199. **(Prior Finding)**

**Impact:** This issue may result in difficulty resolving reoccurring problems.

#### **F. Food Services**

The Inmate Timecards (CDC 1697) are not completed properly. For example, "S" time was not properly documented, transfer in, Daily Movement Sheet (DMS) numbers, and time worked were missing. Title 15, Section 3045. **(Prior Finding)**

**Impact:** These issues may result in difficulty accounting for an inmate's whereabouts in the event of an emergency.

### **VI. TRAINING**

In Plant Operations, no formalized training plan for new and/or current employees has been established. DOM, Sections 32010.5 and 32010.14.

**Impact:** This issue may result in staff not adequately trained for a specific job assignment.

### **VII. PENALTIES AND FINES**

Lump sum payments are not issued within 72 hours from notification of the separation.

**Impact:** This issue could result in severe penalties, prosecution, and the Institution can be held liable for treble damages.

## **FINDINGS AND RECOMMENDATIONS**

### **I. HEALTH AND SAFETY**

#### **A. Environmental Health and Safety**

##### **1. Business Plan**

The Business Plan is incomplete. It is missing a site and storage map, hazardous content inventory sheet, contingency plans and emergency procedures.

This condition makes it difficult to identify the location and composition of chemicals in order to properly respond to a fire or other types of emergencies.

CCR, Title 19, Sections 2729-2732, state, "A business subject to the requirements of Section 2729.1 shall complete and submit to the Certified Uniformed Program Agency (CUPA) or Administering Agency (AA) the following to satisfy the inventory are (1). The Business Activities Page, (2) the hazardous materials – chemical description, (3) an annotated site map, forms described and their completion instructions. A site map (public document) and storage map (confidential document) must be included in the Business Plan."

Kern County Permit conditions state, "Major changes in the business plan, including the change of name or phone number of the 24 hour emergency contacts, must be reported to the CUPA or AA within 30 days. The permittee must comply with, and maintain onsite, copies of a current permit and the attached: written monitoring procedures, emergency response plans, and a plot plan designating the location where monitoring will be performed.

##### **Recommendation**

Maintain a current/complete and approved Business Plan.

##### **2. MSDS (Prior Finding)**

The MSDS in seven of ten housing units reviewed do not reflect all chemicals that are maintained in the building. This applies to old and new chemicals that have been recently delivered.

This condition may delay medical treatment in the event of an emergency.

DOM, Section 52030.4.1, requires in part, supervisors maintain a completed MSDS for each substance used in the work area.

### **Recommendation**

Provide training to warehouse employees who distribute the chemicals. Monitor for compliance by performing inspections.

### **3. Barber Training**

Documentation related to barber training is not retained.

This condition results in difficulty verifying whether training has been completed.

OP, #208, Section VI, states in part, "All prospective barbers must also pass a written test . . . the test must be completed with 100 percent accuracy and retained with the inmate barber's signed job description."

### **Recommendation**

Provide documented training for inmate barbers.

### **4. Pressure Vessel Permits**

Of the 12 pressure vessel permits maintained by Plant Operations, 3 are outdated. The permits issued in 2002 expired in February 2007.

This condition may result in late detection of problems and irregularities and could result in fines and penalties.

California Labor Code, Section 7683(b), states, "In the case of a tank, the permit shall continue in effect for not longer than five years."

### **Recommendation**

Utilize SAPMS to establish a method to identify the expiration date for pressure vessel permits

## **B. Occupational Health and Safety**

### **1. Respiratory Protection Program**

A written Respiratory Program is not maintained in accordance with the CCR, Title 8, Section 5144, and the General Industrial Safety Orders. The written respiratory program identifies, evaluates and controls the exposure to respiratory hazards. In addition, it will establish and maintain proper respiratory training and fit testing including record keeping and tracking. The NKSP's fire department, plant operations, and medical use respiratory protection.

This issue may increase the possibility of injury and illness.

CCR, Title 8, Subchapter 7, Group 16, Article 107, Section C, requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator. The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this subsection.

### **Recommendation**

Adhere and comply with the CCR.

## **2. Hearing Protection**

A hearing conservation program which will prevent injury through the reduction of employee exposure to excessive noise in the workplace has not been developed. The Audits Branch noted high levels of noise when the grounds keepers used power tools (i.e., leaf blowers, and tractor mowers) and observed that hearing protection was not used. In addition, a procedure for hearing protection has not been approved by the Associate Warden, Business Services or the Warden.

This issue may contribute to hearing loss.

CCR, Title 8, Section 3023, Personal Protective Equipment, and Section 5097, Hearing Conservation Program; states in part, “. . . appropriate hearing protection shall be provided to employees who may be subjected to a hazardous environmental condition.

### **Recommendation**

Establish and implement a hearing conservation program. Identify: 1) noise sources by audiometric testing, 2) noise level and dosimeter surveys, 3) hearing protection, training, and a written conservation program.

## **3. Bio-Hazardous Waste**

Bio-hazardous waste containers and red bags used for the disposal of bio-hazardous waste are not used in accordance to the NKSP's DOM Supplement, Section 5200. The Audits Branch inspected A, B, C, and D clinics and noted the following:

- Dust pans, brooms and rags are stored on top of the bio-hazardous containers,

- Space heaters are maintained in front of the bio-hazardous containers which blocks access.
- In one instance, a red bag was found on the floor and the contents were unknown.
- There is no posted schedule for pick up.

These conditions may unnecessarily expose staff to hazardous substances.

NKSP's DOM Supplement, Section 5200 dated August 31, 2006, states, "The purpose of this procedure is to provide a consistent method of handling contaminated linen and clothing. It is to prevent the spread of disease to staff and inmates and comply with State Health and Safety Regulations. This policy shall be strictly adhered to by all staff at NKSP when handling contaminated/infectious items."

### **Recommendation**

Adhere and comply with the NKSP's DOM Supplement and the Medical Waste Management Act, Sections 117600-118360.

## **4. Inmate Work Boots**

Inmates working in the Facility A kitchen are not wearing work boots.

This issue may result in injury which otherwise can be prevented if appropriate footwear is worn.

DOM, Section 54090.5, states, "Special clothing shall be provided for all workers who have assignments that require either distinctive clothing or protective clothing, such as culinary, medical/dental, gym conservation camps and maintenance assignments. When special clothing is required, it shall be purchased from the operating expense allotment of that particular activity."

### **Recommendation**

Ensure that inmates wear proper protective clothing in work areas.

## **C. Plant Operations**

### **1. Safety Meetings/Tailgates**

Safety meetings, or tailgates, are not conducted and/or documented for each maintenance shop at least once every ten days. The Audits Branch reviewed documents in A Facility Maintenance Shops (2), Reception Center Maintenance Shops (3), Garage and Outside Maintenance Shop. All seven shops tested did not conduct and document consistent safety meetings.

This issue may result in complacency in the area of workplace safety.

CCR, Title 8, Article 3, Section 8406(e), states in part, “. . . supervisory personnel shall conduct “toolbox” or “tailgate” safety meetings with their crews at least weekly on the job to emphasize safety. A record of such meetings shall be kept, stating the meeting date, time, place, supervisory personnel present subjects discussed, and corrective action taken, if any, and maintained for inspection.”

### **Recommendation**

Ensure that tailgate meetings are documented.

## **2. Code of Safe Issues**

Communicating work place hazards are not performed in accordance to the NKSP's IIPP. Staff are not supplied with access to current hazard information pertinent to their work assignments. The Audits Branch noted deficiencies at the A-Yard Maintenance Shops, Reception Maintenance Shops, Garage, and the Outside Maintenance Shop. The Audits Branch noted that the codes of safe issues and site specific hazard evaluations are not maintained and are not current.

This issue may result in staff not performing their duties in a safe manner.

NKSP's IIPP, Section IV, entitled “Communicating Workplace Hazards” dated October 2007, which states in part, “Safe working conditions, work issues and protective equipment requirements are documented and communicated in the following manner: Codes of safe issues have been developed for general and/or specific job safety classes or work stations (SB198 Form2) maintained at the Wardens Office and each work station.”

### **Recommendation**

Adhere to the NKSP's IIPP program.

## **3. Electric Drill Press**

Electric drill press machines located at the Carpenters Shop A yard and the MSF maintenance are not equipped with emergency block out capabilities in case of an emergency, or while servicing.

This condition may result in staff incurring injuries.

Title 29, Code of Federal Regulation, Section 1910.147, states, “Machinery or equipment capable of movement shall be stopped and the power source de-energized or disengaged, and, if necessary, the moveable parts shall be

mechanically blocked or locked out to prevent inadvertent movement, or release of stored energy during cleaning, servicing and adjusting operations. Accident prevention signs, tags, or both shall be placed on the controls of the power source of the machinery, or equipment.”

#### **Recommendation**

Install lockout devices on drill press machines.

#### **4. Eye Wash Stations**

Eye wash stations in Plant Operations trade shops do not have records or logs documenting the weekly tests to verify proper operation.

This condition may result in late detection of malfunctions of eye wash stations, which may lead to difficulties responding to emergencies in a timely manner.

CCR, Title 8, Section 5162(a), states, “Plumbed eyewash equipment should be activated weekly to flush the line and to verify proper operation.”

The American National Standards Institute, Z358.1-1990, recommends that a written log be maintained to verify its operation.

#### **Recommendation**

Activate eye wash station weekly to verify proper operations, and record the test in records and/or logs.

#### **D. Food Services (Prior Finding)**

Dishwashing temperatures are not always recorded in the Central Kitchen. There was no p.m. (evening) record of temperatures for the dishwasher.

This condition can result in late detection of equipment malfunctions as well as difficulty ensuring adequate temperatures are reached for cleaning and sanitizing food containers and utensils.

DOM, Section 54080.20, states in part, “. . . the temperature of . . . dishwashing machines shall be recorded daily . . . .”

#### **Recommendation**

Ensure that dishwasher temperatures are recorded during morning and evening shifts.

## **II. ADMINISTRATIVE CONCERNS**

### **A. Occupational Health and Safety**

Voting members of the Health and Safety Committee or their designees are not regularly attending health and safety meetings.

This condition may not assure that health and safety issues are discussed and resolved.

DOM, Section 31020.7.1.1, states in part, "Central Office or institution membership may be represented through but not limited to the following listed areas, by a representative or designee . . . ." NKSP's DOM Supplement states in part, "The Safety Committee meets on the second Wednesday of each month . . . ."

#### **Recommendation**

Ensure that committee members or designees regularly attend health and safety meetings.

### **B. Personnel**

#### **1. Timekeeping**

Timekeeping staff have not forwarded the report entitled, "Employees Required to Submit CDC 998-A forms," to the personnel transaction staff for approximately three years. As a result, AR has not been established.

The issue could result in the loss of State funds, manipulation and unauthorized use of time, difficulty detecting errors and/or irregularities. In addition it may create a financial hardship on employees and an additional workload.

AB 04-01, Attendance Record Policy – Bargaining Unit (BU) 06 and Aligned Non-represented Employees, Section AR, states, "Leave taken without available/approved leave credits is subject to an AR, in recovery of overpayment for the unapproved leave. Failure to turn in a completed CDC 998-A may result in an AR established in accordance with BU 06, Memorandum of Understanding (MOU), Section 15.12, and Sideletter 4."

#### **Recommendation**

Develop a plan to process the accounts receivable for the last three years. Also, establish a procedure to ensure this policy is complied with and monitor for compliance.



## **2. CDC 998-A**

Twenty-seven percent of custody staff have not submitted their CDC 998-As to the personnel office for November 2007.

This issue results in late detection of errors, irregularities, and misappropriation.

AB 04-01, Attendance Record Policy – BU 06 and Aligned Non-represented Employees, Section AR states, “Failure to turn in a completed CDC 998-A may result in an AR established in accordance with BU 06, MOU, Section 15.12, and Sideletter 4.”

### **Recommendation**

Report outstanding CDC 998-As to supervisors for monitoring and follow-up.

## **3. Performance Assessment**

Probation Reports and Individual Development Plans are not processed by supervisors for employees under their supervision. The personnel office is distributing a listing of what is due, which includes the reports that are overdue to each department manager.

This issue results in inadequate documentation related to job performance and may impact salary increases.

GC, Section 19172, requires that an appointing power or designee shall evaluate their work and efficiency of a probationer in the manner, and at such periods as the Department of Personnel Administration rule may require.

### **Recommendation**

Establish a procedure to ensure that the performance reports are completed and turned into personnel for filing in the OPF. Also, monitor this process for compliance.

## **III. POLICIES AND PROCEDURES**

### **A. Operational Procedures and DOM Supplements**

The Audit Branch reviewed 31 operational procedures and DOM Supplements; 18 are not updated annually. In addition, 11 have revision dates that differ from the list provided by the Administrative Assistant. SAM, Section 20050.

This issue may result in staff being unaware of current policies and procedures.

SAM, Section 20050, states, “That a symptom of control deficiencies occur when policy and procedural or operational manuals are either not currently maintained or are nonexistent.”

### **Recommendation**

Obtain a list of DOM Supplements and then reconcile the list to the actual supplement to determine those that are outdated. Prepare a short list and review, revise, and update as necessary. Perform this task on an annual basis.

## **B. Plant Operations Procedure Manual**

The POPM does not promulgate current and/or applicable OP and DOM Supplements relative to the daily operations of Plant Operations. Specifically, the Audits Branch noted the following:

- Purchasing guidelines are dated 1998.
- The procedures outlining the storage, use, and disposal of toxic materials, was last updated in 2006.
- There is a partial PM section.
- There is no pest control abatement procedure which outlines notification to staff and inmates when structural pesticides are applied.
- The Inmate Work/Training Incentive Program guidelines are outdated.
- Work order request procedures were last updated in 2006.
- The POPM includes duplicate directives with varying dates that may impact training on institutional protocol.

This issue may result in staff being unaware of current OP. In addition, outdated procedures may make training difficult.

DOM, Article 6, Section 12010, states in part, “. . . regulations, manuals, and bulletins are utilized to transmit departmental directives and establishes procedures for their promulgation, distribution and maintenance.” SAM, Section, 20050, states in part, “Experience has indicated that the existence of the following danger signal will usually indicate a poorly maintained and vulnerable control system . . . Policy and procedural or operational manuals are either not currently maintained or are non-existent.”

### **Recommendation**

Review the current POPM, update as necessary to ensure that the POPM promulgates current policies and procedures.

#### **IV. INTERNAL CONTROL**

##### **A. Non-Drug Medical (Prior Finding)**

The non-drug medical warehouse has the following deficiencies:

- Access to the Medical Central Supply is not sufficiently controlled. No document is used to track visitors who access the storage warehouse.
- The separation of duties is inadequate. One staff member is responsible for ordering, receiving, and maintaining inventory, data input, and conducting inventory counts.
- Data entry of Purchase Orders, Stock Received Reports, and the Std. Form 115s are not completed in a timely manner.
- Inventory reconciliations are not performed at regular intervals and on a consistent basis.

These issues result in the late detection of errors, irregularities, misappropriation, and theft.

DOM, Section 22030.11.1, states, "At all facilities used to store and distribute materials, entry/exit controls shall be in place to restrict unauthorized personnel from having access to the inventory."

SAM, Section 20050, states, "The elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: a plan of organization that provides segregation of duties appropriate for proper safeguarding of State assets."

DOM, Section 22030.10, states, "The stock record, which serves as a joint purchasing/financial/operational record, shall be kept current and accurate at all times."

DOM, Section 22030.11.8, states, "More frequent inventories are acceptable if experience indicated that reducing the interval between physical inventories shall result in less time being consumed in the reconciliation of records."

##### **Recommendation**

Restrict access to the Medical Center Supply. Separate duties so that no one person has significant control. Enter purchase orders, stock received reports, and the Std. Form 115s as events occur.

## **B. Personnel**

### **1. Reconciliation (Prior Finding)**

Reconciliation of reports related to position control transactions are not performed. For example, the State Controllers Office's (SCO) Periodic Position Control Report, the Position Roster, and the Roster Cards are not reconciled on a monthly basis. In addition, it should be noted that reliance has been placed on an Institution program, for the reconciliation of position.

This issue may result in late detection of errors, irregularities, loss of positions, and the over-expenditure of budget authority.

PPM, Periodic Position Control Report Monthly, Section C 310, states, "Each agency must review the report and take necessary corrective action."

### **Recommendation**

Provide training to the personnel specialists regarding reconciliation of payroll to the roster cards and ensure that the SCO's reports are used to reconcile on a monthly basis. Also, monitor this process for compliance.

### **2. Signature Card**

The Current Personnel/Payroll Document Signature Card Authorization, PSD 8A, dated October 9, 2007, is not current. Of the 27 names listed on the PSD 8A, 4 are no longer performing personnel/payroll functions at North Kern State Prison.

This condition could result in the improper authorization of personnel documents.

PPM, Section I 501, Agency/Campus Responsibility, states in part, "... it is the responsibility of each agency/campus to ensure that the Signature Card File is accurate." This is accomplished by submitting changes, deletions, etc., on a timely basis.

### **Recommendation**

Review the current PSD 8A, update the list, and submit to the SCO. Also, monitor periodically to ensure updates occur in a timely manner.

## **V. LATE DETECTION AND ADDITIONAL WORKLOAD**

### **A. Inmate Trust Accounting**

#### **1. Outstanding Checks**

There are 44 outstanding checks over one year old that have not been canceled.

This issue may result in the loss of interest income to the State.

SAM, Section 8042, states in part, “. . . trust fund checks have a one year period of negotiability.”

#### **Recommendation**

Clear outstanding checks on a monthly basis.

#### **2. General Ledger**

The Inmate Trust Accounting Office does not maintain a Manual General Ledger.

This condition could result in difficulty reconciling accounts, late detection of errors, and irregularities.

The ITFM, states, “The Inmate Trust Accounting System (ITAS) is not a true accounting system, therefore a Manual General Ledger is used to make sure every transaction is entered in the ITAS, in the correct amount, for the correct amount, and in the correct time period.”

#### **Recommendation**

Initiate and maintain a Manual General Ledger that reflects all accounts. Perform this task daily and reconcile to the General Ledger daily.

#### **3. Holds**

Holds on inmate funds are not processed in a timely manner. The Audits Branch sampled 41 holds of which, 20 were not processed (i.e. transferred). This issue results in additional workload, loss of funds to the State and inmate funds not being available.

ITAOOG, Section 235, states, “A hold placed on incoming checks will automatically drop in 30 days and may never cause a problem for the inmate.” Also, the ITFM, states, “All holds that cannot be collected in the 30-day period will be released.”

### **Recommendation**

Review the holds report frequently to ensure that holds on inmate funds are processed in a timely manner.

#### **4. Reconciling Items**

There are 13 reconciling items reflected on bank reconciliations that have not been resolved within 90 days.

This issue may result in additional workload and difficulty reconciling items as time passes.

SAM, Section 7923, Bank Reconciliation, states in part, “. . . agencies will reconcile their Trust Fund Cash accounts monthly with the Treasurer’s bank balance and other reconciling items.”

### **Recommendation**

Research and resolve reconciling items within 30 days of their occurrence.

#### **5. Utilizing Outstanding Check Report**

The Outstanding Check Report is not being utilized to reconcile the Bank Reconciliation.

This issue makes it difficult to determine whether the correct figure was used to reconcile outstanding checks.

ITAOOG, Section 2005, states in part, “The Outstanding Check Report and the Cleared Check Report together should equal the outstanding checks for the period . . . .”

### **Recommendation**

Utilize the Outstanding Check Report to reconcile the Bank Reconciliation on a monthly basis.

## **B. Plant Operations**

### **1. Equipment Maintenance Data Summary Sheets (Prior Finding)**

Trades staff is not preparing Equipment Maintenance Data Summary Sheets

when a new piece of equipment is purchased and installed. See list below:

<u>Assets</u>	<u>Cost</u>	<u>Purchase Order Number</u>
Freezer	\$43,346.63	33621810
Heaters (2)	\$49,109.78	33621624
Dishwasher	\$29,198.81	33622193

As a result, equipment/assets are not clearly identified with the standard equipment code (SAPMS tags). In addition, PM schedules are not established and asset history is not maintained for new equipment. Sixty-nine percent of Food Services equipment sampled for review does not have identifiers.

This issue results in equipment not receiving a SAPMS identifier which may exclude them from the PM schedule.

SAPMS guidelines state in part, "All equipment will be clearly identified by placing the unique standard equipment code on each piece of equipment . . . . Transfer equipment data from the Equipment Maintenance Summary Data Sheets following the guidelines in the Departmental Standard Plant Operations Maintenance Procedures Manual and develop assignment schedules for the completion of the PM . . . ."

### **Recommendation**

Prepare the Equipment Maintenance Summary Data Sheets and forward it to the SAPMS administrator timely in order to place newly purchased equipment on a PM schedule. Tag equipment in accordance to the DPOMPM.

## **2. PM**

Methods of a PM program are not being adhered to. There were 7,132 PM work orders generated from July 2007 through December 2007. The following deficiencies are:

- Approved PM procedures only relate to equipment maintained by medical.
- Plant Operations duty statements do not reflect the Department's or institutional goals for performing PM.
- PM for HVAC is not performed according to the published PM schedule.
- Ninety-eight percent of backflow devices are not tested annually.
- Twenty-one percent of PM work orders generated during the test period are placed into the "can not complete" categories. In addition, 12 percent are backlogged.
- Asset history reports are not requested or reviewed by supervisors.

- Equipment in the MSF kitchen is not accounted for in the SAPMS database. Secondly, PM is not performed according to the established schedule.
- Electricians receive multiple PM work orders for non maintenance related work (e.g. cleaning and testing Class II rubber gloves).

These issues may result in late detection of equipment malfunction and could lead to additional cost in the form of repairs. Additionally, PM is given a low priority by plant operations.

SAPMS guidelines, states, "Establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment." Without such a program, equipment will wear out prematurely, structures will deteriorate, and efficient function of the Facility will be compromised."

### **Recommendation**

Establish, implement and maintain PM procedures for all equipment that requires PM and monitor the progress.

### **3. Work Orders (Prior Finding)**

The Audits Branch reviewed over 1,800 completed work orders for the month of November 2007 encompassing all priorities. The following deficiencies were noted:

- OP #127 has not been updated since 2006.
- Completed work orders are not reviewed and turned in for input timely.
- Work order priorities are not established according to departmental guidelines. For example, a Priority 3 designation is used for health and safety issues, and should be classified as a Priority 1.
- Corrective work orders do not denote actual actions taken.
- It appears that non corrective maintenance is given a higher priority than corrective maintenance. This is based upon the completion of 118 Priorities 4 (i.e. non corrective maintenance) or 1,012 hours expended on non corrective versus corrective maintenance.
- A Priority 5 is not always designated for projects that are performed in-house.

This issue results in the late detection of errors and may impact the accuracy of the POM report.

OP #127, states in part, ". . . approved work request will be forwarded to the work order desk and logged in the standard work order request log . . . . When the tradesperson completes the labor and material portion of the work order, the work order is returned to the trades persons supervisor . . . the supervisor will



review the completed information and route to the work order desk . . . Approved work request will be routed to Plant Operations work order desk and a computerized work order will be prepared. Additionally, minor construction and improvements are secondary activities to be scheduled only when proper approvals are received and the activity does not interfere with regular maintenance and plant operations.”

### **Recommendation**

Ensure that work orders are reviewed by supervisors, fully completed, signed, dated and returned in a timely manner. Also, use the established guidelines for the work order system.

## **4. POM (Prior Finding)**

As a result of the preceding finding and the fact that management does not review POM reports, the reports are inaccurate. The Audits Branch examined reports for the period of July through December 2007. The following deficiencies are noted:

1. Total hours spent to maintain the physical plant is understated by 6,000 hours.
2. Work order priorities are not established according to departmental guidelines.
3. Overtime in the amount of \$49,000, may not have been captured.

These issues may result in late detection of errors and/or irregularities. Additionally, inaccurate reports are provided to the institutional management and Central Office Maintenance Unit

SAMPM guidelines and OP #127 require that the POM reports be routed to and reviewed by the Warden, Correctional Administrator, Business Services, and Correctional Plant Manager.

### **Recommendation**

Route, validate and review reports for accuracy to determine whether they accurately reflect Plant Operations activities.

## **C. Property (Prior Finding)**

The Transfer of Location of Equipment (Std. Form 158) is not prepared when property is moved from one location to another. Additionally, a Property Survey Report (Std. Form 152) is not prepared when property is surveyed. As a result, the January 8, 2008 missing property report indicates that 1,035 property items worth approximately \$816,000 appears to be missing.

This issue could result in the late detection of missing property or theft.

DOM, Section 22030.13, states in part, "Under no circumstances shall material, tangible or intangible, be disposed without proper documentation. A Property Survey Report, Std. Form 152, shall be prepared for all transactions . . . . When materials are transferred to other state facilities including those within the Department, a Std. Form 158, and Transfer of Location of Equipment shall be prepared and distributed according to the instructions on the form.

### **Recommendation**

To ensure a more accurate account of property, provide training to staff in the areas of transfer and disposal of property.

## **D. Personnel Transactions**

### **1. Suspended Payments**

Suspended payments are not cleared in a timely manner. Of the suspended payments, 15 are outstanding; 12 have not been cleared within 90 days, and 1 dates back to May 2006.

This issue could result in incomplete payroll transactions and difficulty reconciling payroll history.

PPM, Section I406, Suspended Payments, which states, "A valid payment or adjustment is tested for a series of conditions before being released. If a payment or adjustment fails to meet all the requirements, it is withdrawn for later release and placed on the Suspended Payment File."

### **Recommendation**

Clear the suspended payment report and establish a procedure to monitor for compliance.

### **2. Personnel Files**

There is clutter and disorganization in work areas within the Personnel Office (e.g. OPF, Warrant Registers and Pay Documents).

This issue could result in difficulty determining the status of personnel related transactions.

AB 94/6, Personnel Records, states, "Only those personnel records which are necessary relevant, timely, or required by law shall be collected and maintained."

### **Recommendation**

Establish a plan to organize the office and the maintenance of files. Also, ensure that supervisors adequately monitor the issue for compliance.

### **3. Disqualifying Pay Periods**

Two employees have disqualifying pay periods in their employment history; however, no action (i.e. performance reports, adverse action) has been recorded.

This issue results in unauthorized leave and additional workload.

Department of Personnel Administration, Section 599.785, requires in part that the appointing power shall not grant paid absences to break the continuity of a leave of absence without pay

### **Recommendation**

Document and monitor the employees' poor attendance and apply disciplinary measures as necessary.

### **4. Lump-Sum Payments**

Five lump sum payments were not issued from the 912 Blanket Serial Number. These payments date back to March 2007.

This issue could result in the over-expenditure of the budgeted authority and creates an additional workload.

Financial Information Memorandum 2006-06, Payroll Blanket Serial Number, states, "The **use of all assigned Blanket Serial Numbers is now mandatory** because the Department has a need to consistently capture data across all organizations. In addition, it remains critical to consistently use the same Blanket Serial Number for the same purpose."

### **Recommendation**

Process adjustments on those transactions identified and monitor the process for compliance.

## **E. Delegated Testing (Prior Finding)**

### **1. Rating Sheet**

A Competitive Rating Sheet was not completed for the Native American Spiritual Leader exam that was given on a 100 percent education and experience basis.

If the exam file does not have the required and all-inclusive documentation, it may be difficult to determine the rater and the candidate's score.

The Delegated Testing Manual and CCR, Section 199, states in part, “. . . ratings accorded competitors shall be expressed in percentages with 70 percent being the minimum . . . ratings shall be made independently . . . . Ratings shall be made on forms prescribed by the executive officer, which shall be signed by the interviewer.”

### **Recommendation**

Ensure completion of rating sheets for all examinations given on a 100 percent Education and Experience basis.

### **2. Post Examination Evaluation Form and Competitive Rating Sheet**

The State Personnel Board (SPB) 295 was not completed and placed in the examination history file for the Native American Spiritual Leader exam.

The Audits Branch also noted for the Correctional Supervising Cook exam that although the SPB 295 was complete and filed, it did not note special circumstances in which a fire drill occurred during one of the oral interviews.

This could result in the late detection of any circumstances that may need to be addressed departmentally, as well as a lack of documentation detailing how the circumstance was handled as a result of the interruption.

Within the Delegated Testing Manual, there is a Post-Examination Checklist which includes the SPB 295 and must be included in the examination history file. Furthermore, this form must be sent to the headquarters' selection analyst if problems are found in the exam.

### **Recommendation**

Ensure completion of the SPB 295 noting any problems or special circumstances. Send the form to headquarters' selection analyst when any problems or special circumstances are noted.

## **F. Food Services (Prior Finding)**

The CDC 1697s are not completed properly. For example, “S” time was not properly documented, transfer in, the DMS numbers, and time worked were missing. In addition, weekly supervisor audits are not conducted.

These conditions may result in errors calculating inmate pay as well as difficulty accounting for an inmate’s whereabouts in the event of an emergency.

Title 15, Section 3045, Timekeeping and Reporting, states, “Staff shall record the work or training time and absences of each inmate assigned to their supervision each day as they occur.”

### **Recommendation**

Document inmate time worked as events occur. Ensure that all areas of the CDC 1697 are complete. Conduct weekly supervisor audits of timekeeping documents.

## **VI. TRAINING**

In Plant Operations, no formalized training plan for new and/or current employees has been established.

This issue may result in staff not being adequately trained for a specific job assignment.

DOM, Section 32010.5, states, “Job-related training is designed to increase job proficiency or improve performance above the acceptable level of competency established for a specific job assignment. It prepares the employee to assume increased responsibilities in their current assignment.

DOM, Section 32010.14, states in part, “. . . all department employees shall attend training as follows: General training regarding the policies and procedures to be followed to ensure compliance with the Information Practices Act per DOM, Section 13030 . . . .”

### **Recommendation**

Establish a training program for new and current employees.

## **VII. PENALTIES AND FINES**

Of the 2 separations reviewed, lump sums were paid 7 days late on 1 and 90 days late on the other.

This issue could result in severe penalties, prosecution, and the Institution can be held liable for treble damages.

Memorandum, dated May 4, 2001, Changes to California Labor Code, Section 220, states in part, “. . . requires an employer (including State agencies) to provide permanently separating employees with all final pay due (including overtime and lump sum payments) on the effective date of separation if the employee notified the employer at least 72 hours prior to separation. When an employee permanently separates without providing at least 72 hours prior notification, the employer then has 72 hours from the time the employee provides the notification to give him/her all final pay due.”

### **Recommendation**

Establish a procedure to ensure lump sum payments are issued timely and ensure that supervisors adequately monitor the process for compliance.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**NORTH KERN STATE PRISON**

**GLOSSARY**

<b>AA</b>	Administering Agency
<b>AB</b>	Administrative Bulletin
<b>AR</b>	Accounts Receivable
<b>BU 06</b>	Bargaining Unit 06
<b>CAP</b>	Corrective Action Plan
<b>CCR</b>	California Code of Regulations
<b>CDC 1697</b>	Inmate Timecard
<b>CDC 998-A</b>	Employee Attendance Records and PALS Worksheet
<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CUPA</b>	Certified Uniformed Program Agency
<b>DMS</b>	Daily Movement Sheet
<b>DPOMPM</b>	Departmental Plant Operation Maintenance Procedures Manual
<b>DOM</b>	Department Operations Manual
<b>GC</b>	Government Code
<b>HVAC</b>	Heating, Ventilation and Air Conditioning
<b>IIPP</b>	Injury Illness Preventive Plan
<b>ITAOOG</b>	Inmate Trust Accounting Office Operational Guide
<b>ITAS</b>	Inmate Trust Accounting System
<b>ITFM</b>	Inmate Trust Fund Manual
<b>MSDS</b>	Materials Safety Data Sheets
<b>MSF</b>	Minimum Security Facility
<b>NKSP</b>	North Kern State Prison
<b>OAC</b>	Office of Audits and Compliance
<b>OP</b>	Operational Procedure
<b>OPF</b>	Official Personnel File
<b>PM</b>	Preventive Maintenance
<b>POM</b>	Plant Operations Maintenance Report
<b>POPM</b>	Plant Operations Procedure Manual
<b>PPM</b>	Payroll Procedures Manual
<b>SAM</b>	State Administrative Manual
<b>SAPMS</b>	State Automated Preventive Maintenance System
<b>SCO</b>	State Controller's Office
<b>SPB</b>	State Personnel Board
<b>SPB 295</b>	Post Examination Evaluation Form
<b>Std. 152</b>	Property Survey Report
<b>Std. 158</b>	Transfer of Location of Equipment
<b>Std. Form 115</b>	Order for Storeroom Supplies

SAMPLE FORMAT CORRECTIVE ACTION PLAN				
Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	<p><b>WRITTEN NOTICE</b></p> <p>Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.</p>	<p>Facility Captain Do Not use individuals names and do Not use Acronyms.)</p>	<p>A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed.</p> <p>B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense</p>	2/2/2006



California Department of Corrections and Rehabilitation  
Office of Audits and Compliance  
Information Security Office



Information Security Compliance Review  
North Kern State Prison  
January 14 – 18, 2008

**INFORMATION SECURITY OFFICER**  
Allen J. Pugnier

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**Information Security Compliance Review  
North Kern State Prison  
January 14-18, 2008**

The Office of Audits and Compliance (OAC) Information Security Branch (ISB) conducted an Information Security Compliance Review of North Kern State Prison (NKSP) between January 14 and January 18, 2008. The review covered 18 different areas. NKSP was fully compliant in 3 areas, partially compliant in 4 areas, and non-compliant in 11 areas. The overall score is 55%. The chart below details these outcomes. Other observations are also noted.

**FINDINGS SUMMARY:**

		Score	Compliant	Partial Compliance	Non Compliant
<b>STAFF COMPUTING ENVIRONMENT</b>					
1.	Use Agreement (Form 1857) is on file.	63%			NC
2.	Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file.	46%			NC
3.	Information security training is current.	22%			NC
4.	Staff log on are using own password.	88%		P	
5.	Network access authorization is on file.	82%		P	
6.	Physical locations of CPUs agree to inventory records.	22% <sup>(2)</sup>			NC
7.	Staff CPUs labeled "No Inmate Access."	42%			NC
8.	Staff monitors are not visible to inmates.	97%	C		
9.	Anti virus updates are current.	45%			NC
10.	Security patches are current.	18%			NC

<b>INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)</b>					
11.	Physical location of CPUs agrees to inventory records.	0% <sup>(2)</sup>			NC
12.	CPU labeled as inmate computer.	33%			NC
13.	Anti virus updates are current.	0%			NC
14.	Inmate monitors are visible to supervisor.	67%			NC
15.	Portable media is controlled.	100%	C		
16.	Telecommunications access is restricted.	83%		P	
17.	Operating system access is restricted.	100%	C		
18.	Printer access is restricted.	83%		P	

Total of Tests	3	4	11
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**Overall Percentage 55%<sup>[1]</sup>**

<sup>[1]</sup> Scores for computer related tests are illustrated in gray, reflecting the test results on the locatable sample computers only. The auditors' confidence level of these scores is low because only 22% of the sample computers could be located.

<sup>(2)</sup> Forty-seven computers could not be located from sampling of 81

**Information Security Compliance Review  
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**OBJECTIVES, SCOPE AND, METHODOLOGY**

The objectives of the Information Security Compliance Review were to:

- Assess compliance to selected information security requirements;
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the facility or of the Department; and
- Provide information security training for management and staff.

The Information Security Branch (ISB) did not review any Prison Industry Authority computers.

In conducting the fieldwork the ISB performed the following procedures:

- Interviewed senior management, information technology staff, institutional staff, and computer users;
- Asked staff to provide evidence that all authorized computer users had Acceptable Use Agreement forms and appropriate training support documentation on file;
- Tested selected information security attributes of users and IT equipment using three different population samples. This included both the staff and inmate computing environments;
- Reviewed various laws, policies and procedures, and other criteria related to information security in the custody environment;
- Conducted physical inspection of selected computers;
- Observed the activities of the information technology support staff; and
- Analyzed the information gathered through the above processes and formulated conclusions.

**FINDINGS AND RECOMMENDATIONS**

The ISB provided a copy of our review guide to your IT staff. It contains criteria and detailed methodology. That information, therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed below. ISB staff discussed them with management in an exit conference following our fieldwork. Please contact us if you would like to discuss further any of these issues.

**Information Security Compliance Review  
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We were unable to locate 78% of computers identified in our sample and were, therefore, unable to perform 14 of our 18 tests on a sufficiently-sized sample. Only the test results relating to use agreements, awareness training certifications, and access authorizations reflect accurate results. The remaining test results are invalid. They are provided for informational purposes only, as they may not represent the condition of the entire inventory for the computer-specific tests.

Rather than stopping the audit and reporting non-compliance to our testing criteria, we selected alternate computers to test in the areas where the sample computers were supposed to exist. While not statistically valid, this process provided some insight into the extent of compliance in the 14 computer-specific test areas.

- 1. Test # 1: The Computing Technology Use Agreement forms (CDC 1857) were not completed for all computer users. (63% compliance)**

Recommendation: Require all users (staff and contractors) to complete a Form 1857 before being granted computer access. (DOM 48010.8, 48010.8.2)

- 2. Test # 1: The "Computing Technology Use Agreement" forms (CDC 1857) were not included in the employee personnel file. (63% compliance)**

Recommendation: Include the original Form 1857 in the employee's Official Personnel File. (DOM 48010.4.7)

- 3. Test # 2: The annual Security Awareness Self-Certification and Confidentiality Agreement forms (CDCR ISO-3025 or equivalent) were not completed for all computer users. (46% compliance)**

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent. (DOM 49020.10.1)

- 4. Test # 3: Information Security training was not current for all computer users including staff and contractors. (22% compliance)**

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training. (DOM 49020.14.1, 41030.1)

**Information Security Compliance Review  
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5. **Test # 4: Staff shared passwords. (88% compliance)** In one case, we were informed that nine of 51 correctional counselors did not have their own individual network logons. They used a network logon of another staff person. In another case, one staff person required assistance of a clerical person to provide his logon and password.

Recommendation: Passwords shall not be shared. (DOM 49020.10.2)

Best Practice: Continue to emphasize in information security training that password sharing is prohibited.

6. **Test # 5: Former employees still had network access authorization. (82% compliance)**

Recommendation: Access to any CDCR computerized information is restricted to authorized persons. The sensitive nature of CDCR data requires strict controls over who is allowed access to it. (DOM 49020.10)

Best Practice: Enforce current formal reporting procedure so that all staff employment and job duty changes are reported to the IT Coordinator.

**Information Security Compliance Review  
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7. **Test # 6: Physical locations of staff computers did not agree to inventory records. (22% compliance)** Since 47 of 81 computers could not be located, the auditors could not derive meaningful results from other dependant audit tests.

Recommendation # 1: Maintain accurate inventory records. (DOM 46030.1, 49010.4) Evaluate procedures and resources used to maintain inventory records.

Recommendation # 2: All 47 unlocatable computers must be found within the 30 day period allowed for developing the corrective action plan. The institution must certify in writing that either the unlocatable computers were found or were properly surveyed. The list of unlocatable computers is shown below, sorted by computer model.

Computer Model	Property Tag Number(s)
COMPAQ 866/81SE	DK11375, DK11466, DK11472
COMPAQ D51C	DK11950, DK12065, DK12080, DK12089
COMPAQ DC5100	DK13648, DK13654
COMPAQ EVO D500	DK11737, DK11807
COMPAQ PIII/733	DK11325
DC5700M E6300	DK15009, DK15027
DIGITAL	DK11598
GATEWAY	DK14218
GATEWAY E-4610D	DK14528
GATEWAY E-475M	DK15147
HP 5DC7600	DK14008, DK14009, DK14011, DK14019, DK14033, DK14044, DK14052, DK14072
HP DC5000	DK12287, DK12459, DK12520, DK12524, DK13042, DK13045
HP DC5000MT	DK12810, DK12811, DK12862
HP DC5100	DK13352, DK13384, DK13576, DK13577, DK14351, DK14367
HP DC5100M	DK13452, DK13529
HP DL5000M	DK12938, DK12940
HP PP342US	DK13013
WESTERN MICRO IDENTIX NONE	DK10565

8. **Test # 7: All staff computers and monitor were not correctly labeled. (42% compliance)** All computers and monitors in institutions where inmates use computers, did not have signage prominently displayed stating whether or not an inmate could use them.

Recommendation: Each computer in a facility shall be labeled to indicate whether or not inmate access is authorized.  
(TITLE 15 3041.3(d)), (DOM 49020.18.3, 42020.6), (ISA 7.3.12)

Best Practice: Affix appropriate label to both the monitor and CPU.

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9. **Test # 9: All staff computers did not have up-to-date antivirus software. (Overall, 45% compliance). 0% of standalone computers were compliant.**

Recommendation: Update antivirus software on all staff computers. (DOM 48010.9)

10. **Test # 10: All staff computers did not have up-to-date security patches. (Overall, 18% compliance). 0% of standalone computers were compliant.**

Recommendation: Update security patches on all staff computers. (DOM 48010.9)

11. **Test # 11: Physical locations of inmate computers did not agree to inventory records. (0% compliance)** Since 2 of 2 computers could not be located, the auditors could not derive meaningful results from other dependant audit tests.

Recommendation #1 : Maintain accurate inventory records of all inmate computers. (DOM 46030.1, 49010.4) Evaluate procedures and resources used to maintain inventory records on inmate computers.

Recommendation # 2: Both unlocatable computers must be found within the 30 day period allowed for developing the CAP. The institution must certify in writing that either the missing computers were found or were properly surveyed. The list of unlocatable computers is shown below.

Computer Model	Property Tag Numbers
DFI computer	DK07690, DK07695

12. **Test # 12: All inmate computers were not labeled for inmate use only. (33% compliance)** All computers and monitors in institutions where inmates use computers, even if limited to education programs, did not have signage prominently displayed stating whether or not an inmate could use them.

Recommendation: Affix proper labels to all inmate monitors. (DOM 49020.18.3, 42020.6), (ISA 7.3.12)

**Information Security Compliance Review  
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- 13. Test # 13: All inmate computers did not have up-to-date antivirus software. (0% compliance)**

Recommendation: Update antivirus software on all inmate computers.  
(DOM 48010.9)

- 14. Test # 14: All inmate computer monitors were not visible to the supervisor. (67% compliance)**

Recommendation: The approved uses of workstations by inmates shall be carried out only under very tightly controlled circumstances. Inmates using computers must be under "direct and constant supervision."  
(DOM 49020.18.3)

Best Practice: Position all inmate monitors so that the supervisor can see the screen.

- 15. Test # 16: All inmate access to telecommunication devices was not restricted. (83% compliance)**

Recommendation: Comply with DOM requirement stating, "There shall be no communications capabilities in the designated area, such as a telephone line, computer network line, telephone punch panel, cell phones, wireless communication devices such as pagers or handheld computers or radio communication devices." (DOM 49020.18.3)

- 16. Test # 18: All inmate accessible printers did not have restricted access. (83% compliance)**

Recommendation: Reports and other printed output from inmate-utilized computers shall be reviewed closely by staff, and appropriate distribution of such output shall be monitored. (DOM 49020.18.3)



**Information Security Compliance Review  
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**OTHER OBSERVATIONS:**

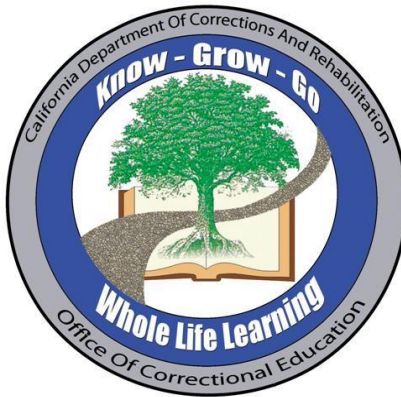
**Observation 1: Critical data in some areas was not being backed up.**

Recommendation: Each department manager should identify all data that is critical to their operations, including locally developed databases, and develop back-up and restoration procedures. A back up schedule should be established and enforced. (DOM 48010.9.3)

**DEPARTMENT OF CORRECTIONS AND REHABILITATION**

**OFFICE OF AUDITS AND COMPLIANCE**

**EDUCATIONAL COMPLIANCE BRANCH**



***COMPLIANCE REVIEW FINDINGS***

**North Kern State Prison**

**January 14-18, 2008**

**ADMINISTRATION**

**G. Lynn Hada**

**ACADEMIC EDUCATION**

**Raul Romero**

**John Jackson**

**Matthew Koop**

**LIBRARY**

**Philip Renteria**

**FEDERAL SUPPLEMENTARY PROGRAMS**

**Mark Lechich**

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

No.	<b>INSTITUTION: North Kern State Prison (NKSP)</b> <b>DATE: January 14-18, 2008</b> <b>COMPLIANCE TEAM: G. Lynn Hada</b>	YES/NO or NA	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Allotments/Operating Expenses:</b></div> <ul style="list-style-type: none"> <li>Does the Principal maintain a budget tracking system to monitor the school departments' complete budget?</li> <li>Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance?</li> </ul>	<b>No</b>	There is no annual spending plan in place.
2.	Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end?	<b>No</b>	It appears that all funds will be expended by Fiscal Year End but there is no formal spending plan.
3.	Are funds allocated by Office of Correctional Education available and spent within program areas?	<b>Yes</b>	As based on the present budget allocation from the Office of Correctional Education.
4.	Are funds tracked by funding source? General Fund, special Budget Change Proposal funding, Federal and State Grant Programs allocated by Office of Correctional Education?	<b>Yes</b>	
5.	Are allocated funds for the Bridging Education Programs including Arts In Corrections (AIC) used to provide program services to inmates?	<b>Yes</b>	
6.	Are law library purchases funded by the institution's general budget?	<b>No</b>	There is an ongoing attempt by CDCR Administration to resolve the use of Program 25 vs. Program 45 monies to operate Law Libraries. The ongoing discussions to resolve this funding issue are taking place between Adult Operations and Adult Programs headquarters staff.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

7.	Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated July 13, 2006, instructions when filling vacancies?	Yes	
8.	Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis?	Yes	
9.	Has adequate space and equipment been provided for staff to perform the required duties of the Reception Center/Bridging Education Program, Arts In Corrections program and the TV Specialist?	Yes	
10.	<div>Credentials:</div> Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned?	No	One teacher's credential was not on file at the time of the examination of the files.
11.	Does the assigned bridging staff hold appropriate credentials and/or placed in the appropriate Re-Entry classification?	No	One teacher's credential was not on file at the time of the examination of the files.
12.	<div>Duty Statements:</div> Are 100% of the staff duty statements on file and applicable to current position?	No	Some duty statements were not applicable to the teacher's current position. Many duty statements had not been reviewed or signed for 3-4 years.
13.	<div>Operational Procedures:</div> Does the institution have an Operational Procedure (OP) that addresses the legislative mandates of the Bridging Education Program?	No	The Arts-in-Corrections, the Bridging Education Program, and the Alternative Education Delivery Model programs were more than a year old and past their revision dates. Other Operational Procedures were up-to-date.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

14.	<ul style="list-style-type: none"> <li>Does the institution have an Operational Procedure for the Education Program?</li> <li>Does it use Department Operation Manual Chapter 10 as an inclusion?</li> </ul>	No	No Operational Procedure for Education at North Kern State Prison has been written or adopted.
15.	<div style="background-color: #cccccc; padding: 2px;"><b>Staff Assignments:</b></div> <p>Does the Principal maintain a current and complete list of all authorized positions and their status?</p>	Yes	
16.	Are all staff appropriately working and/or assigned within the education program?	No	One Bridging Education Program teacher is assigned to a non-quota Comprehensive Adult Student Assessment System (CASAS) testing coordinator.
17.	Do all staff within the education program report to, and are under the Principal's supervision?	Yes	
18.	Is the Bridging Education Program Reception Center/General Population/Arts In Corrections fully staffed with supervisory, instructional and ancillary personnel?	Yes	The only vacancies are unfunded positions.
19.	Are Re-Entry Program instructors, class code 7581, assigned only to the Bridging Education Program (BEP)?	Yes	
20	When Bridging Education Program vacancy occurs, is it immediately reclassified to class code 2290 Teacher, High School, General Education?	Yes	
21.	Has the Artist Facilitator been officially assigned to the Education Department?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

22.	Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution?	No	There is a system in place but a review of the education files revealed that many inmates and their corresponding files were not tracked properly.
23.	Has an individual been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support?	Yes	Walter Jackson is the Plant Maintenance Electronics Technician is assigned to this responsibility.
24	When there is a modified program, class closure, etc., is a plan in place to continue to deliver education services and other required educational activities and is plan always implemented?	Yes	
25	Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement?	Yes	
26.	<div>Alternative Education Delivery Model:</div> Is an approved Alternative Education Delivery Model Operational Procedure in place?	Yes	
27.	Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure?	Yes	Only Distance Learning and Independent Study are approved per the Operational Procedure and they are both in place the Marie C. Romero Adult School.
28.	Are all Alternative Education Delivery Model positions filled?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

29.	Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures?	No	One Independent Study teacher had a Bridging Education Program duty statement in his file.
30.	Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines?	Yes	But neither the Independent Study programs nor the Distance Learning program is operating at capacity. For the past two months, these programs have maintained only approximately one-half capacity as reported on the Education Monthly Report.
31.	<ul style="list-style-type: none"> <li>Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas?</li> <li>Are all approved Alternative Education Delivery Model faculty schedules posted?</li> </ul>	No	Schedules are posted but none of the programs meet the program-wide quotas or enrollments.
32.	<b>Gender Responsive Strategies:</b>  Has all education staff received Gender Responsive Strategies training provided by the Female Offender Programs (FOP) institutional administration?	N/A	
33.	Are female inmates' vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course descriptions and vocational guidelines?	N/A	
34.	<b>Certificates of Completion or Achievement:</b>  <ul style="list-style-type: none"> <li>Are Certificates of Vocational or Academic Life Skills Completion being issued to those students earning them and recorded on a tracking system?</li> <li>Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned?</li> </ul>	N/A	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

35.	<div style="border: 1px solid black; padding: 2px;"><b>Executive/Supervisory Assignments:</b></div> <p>Are documented staff meetings held regularly by Principal, Academic Vice Principal (AVP), and Vocational Vice Principal (VVP)? (monthly or more)</p>	<b>Yes</b>	
36.	Is the Principal a member of the Warden's Executive Staff?	<b>Yes</b>	
37.	Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis?	<b>N/A</b>	
38.	<ul style="list-style-type: none"> <li>Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service Training and On-the-Job Training?</li> <li>Are all probationary and annual performance evaluations currently due completed?</li> </ul>	<b>No</b>	The vice-principals are behind on annual performance evaluations.
39.	Are supervisors documenting contact with staff and inmates involved in the bridging program?	<b>Yes</b>	Contacts are occurring regularly and are well documented.
40.	Are Transforming Lives Network quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10?	<b>Yes</b>	
41.	<div style="border: 1px solid black; padding: 2px;"><b>Test of Adult Basic Education:</b></div> <p>Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the SPARC report and implementing remedial changes?</p>	<b>N/A</b>	
42.	Is there a 4.0 reading level report generated and distributed to appropriate staff?	<b>Yes</b>	



# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

43.	Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff?	No	A list of inmates is not currently available, generated, nor distributed to appropriate staff. The Principal must have and maintain a form with the title: NKSP Learning Disabilities List. Since there are not any current inmates with identified learning disabilities in accordance with the Effective Communications Memo, no names need to appear on the list if no inmates are identified as having learning disabilities. However, the list must be maintained weekly (Armstrong).
44.	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 2px;"><b>Accreditation:</b></div> <p>Has the education program been accredited by Western Association of Schools and Colleges, or has the application for accreditation been submitted to Western Association of Schools and Colleges?</p>	Yes	
45.	<ul style="list-style-type: none"> <li>Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner?</li> <li>Is there a leadership team in place and do minutes substantiate regular meetings?</li> </ul>	Yes	
46.	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 2px;"><b>Inmate Enrollment/Attendance:</b></div> <p>Do academic, vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)?</p>	No	Distance Learning and Independent Study programs do not meet the quotas. Bridging Education Program teachers routinely greatly exceed the quotas to the detriment of the Bridging Education Program students.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

47.	Has the Institution developed an eligibility list for assigning inmates to the Bridging Education Program?	No	Case Records reviews the newly arrived inmate's file and issues a CDCR 128G chronological report assigning the inmate to Bridging Education Program if he qualifies.
48.	Does the Principal maintain a copy of the current inmate assignment waiting list?	No	No list was available in the principal's office.
49.	Is education staff attending Inmate Classification Committee (ICC) meetings for input into the placement of inmates into education programs?	N/A	
50.	<div style="border: 1px solid black; padding: 2px;"><b>Bridging Education Program:</b></div> Has the teaching staff met with each inmate upon assignment to the Bridging Education Program?	No	Bridging Education Program teachers have more than 54 students assigned but only see a maximum of 54 students per week. Records show that some students are not seen for more than two weeks after their assignment to the Bridging Education Program.
51.	Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit?	No	This practice was done formerly but stopped due to perceived wastefulness. The vice-principals agreed to reinstate the practice.
52.	<div style="border: 1px solid black; padding: 2px;"><b>Transitional Living Network (TLN):</b></div> Has the Transforming Lives Network satellite dish been installed and operational?	Yes	
53	Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator?	Yes	Mr. Archie Caton, Academic Vice-Principal.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

54.	Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education?	Yes	
55.	Has Transforming Lives Network enrollment and completion data been tracked?	Yes	
56.	<b>GED Testing/High School Credit:</b> <ul style="list-style-type: none"> <li>Is there a High School credit program and General Educational Development (GED) Testing program that follows Office of Correctional Education and State requirements?</li> <li>Are High School Diplomas and GED Equivalency Certificates issued to qualified inmates?</li> </ul>	No	There is no high school credit program in place and no high-school diplomas are issued.
57.	<b>Inmate Education Advisory Committee:</b> <p>Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings?</p>	Yes	
58.	<b>Education Files</b> <ul style="list-style-type: none"> <li>Do all of the quarterly California Department of Corrections and Rehabilitation 128E and 154 or other official student school transcripts reports contain current and appropriate information that includes credits earned, course completions?</li> <li>Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.)</li> <li>Does supervisory staff (AVP/VVP) review these reports?</li> </ul>	No	No school credits are given. The reports are properly signed and reviewed. The majority of education files reviewed did not contain Test of Basic Adult Education (TABE) assessment results and TABE scores were not always on the CDCR 154 cards.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

59.	<ul style="list-style-type: none"> <li>Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation 154) transferred to Central Records when a student leaves education, transfers or paroles?</li> <li>Is the original copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation 154) (or High School Transcript) kept in the Education Office files in perpetuity?</li> <li>Are Education Files prepared for all assigned inmates?</li> <li>Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and transferred to the General Population receiving institution?</li> </ul>	No	Sometimes files are missed and do not get transferred to Central Records on time. No copy of transcripts or CDCR 154 cards are maintained in the Education Office. Bridging Education Program files are not always transferred in the time constraints required by policy. Education files are universally prepared for all students. EDUCATION FILES ARE STORED ON OPEN SHELVES AND THERE ARE INMATES WORKING IN THE IMMEDIATE AREA. This is against policy.
60.	<ul style="list-style-type: none"> <li>Are there any contracted, Office of Correctional Education sponsored or special programs operating at the institution?</li> <li>Have teachers assigned to these programs received special/related training?</li> </ul>	N/A	
61.	<div style="border: 1px solid black; padding: 2px;"><b>Literacy:</b></div> <p>Are literacy programs available to at least 60% of the eligible prison population?</p>	No	The percentage of eligible literacy inmates reported on the Education Monthly Report for the past two months has ranged from 143% to 169%. This is an obvious impossibility and therefore the true percentage of eligible literacy inmates cannot be determined.
62.	Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal?	No	No site literacy committee exists.
63.	Does the Site Literacy Committee discuss the Bridging Education Program as part of its quarterly meetings?	No	No site literacy committee exists.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

64.	Is the institution utilizing at least two alternate resources to implement literacy services for inmates?	No	Only Bridging Education Program students receive literacy training.
65.	Is there an established procedure for placing students into any existing Learning Literacy (LLL) lab? (a federally or non-federally funded Computer Aided Instruction /Plato/Computer Lab)	Yes	
66.	<div style="border: 1px solid black; padding: 2px;"><b>Developmental Disability Program and Disability Placement Program Programs:</b></div> <p>If this is a Developmental Disability Program and/or a Disability Placement Program site, does the principal have the required documentation that demonstrates adherence to the Court Remedial Plans and California Department of Corrections and Rehabilitation/Office of Correctional Education policies?</p>	N/A	
67.	<div style="border: 1px solid black; padding: 2px;"><b>ESTELLE/Behavior Modification Programs:</b></div> <p>Is documentation available regarding the original operational intent/concept of the Estelle/Behavior Modification Unit Program and are there actual implementations of the program/programs?</p>	N/A	
68.	Is there an Estelle/Behavior Modification Unit Program monitoring and tracking process in place to record to record student progress through achievement/progress, data collection, instructional methods, and curriculum?	N/A	
69.	<div style="border: 1px solid black; padding: 2px;"><b>Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</b></div> <p>Is there an approved COMPAS Risk and Needs Assessment Operational Procedure (OP)?</p>	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

70.	Are all Recidivism and Reduction Strategy (RRS) assessment positions filled?	Yes	
71.	Are all other designated assessment positions filled? Is there a designated supervisor over the COMPAS Risk and Needs Assessment Program?	Yes	
72.	Do all designated assessment staff have an individual COMPAS log-on code? Is the security of the code maintained?	Yes	
73.	Does the assessment staff maintain appropriate security of laptop and/or stand-alone computers utilized for the COMPAS Risk and Needs Assessment Program?	Yes	
74.	<div style="border: 1px solid black; padding: 2px;"><b>Recidivism Reduction Strategies:</b></div> <ul style="list-style-type: none"> <li>Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)?</li> <li>Are inventories of Recidivism Reduction Strategies equipment maintained and current?</li> </ul>	N/A	
75.	<div style="border: 1px solid black; padding: 2px;"><b>Recidivism Reduction Strategies Enhanced Outpatient Program:</b></div> <p>Are all Enhanced Outpatient Program staff hired and in place?</p>	N/A	
76.	Does the Principal (via the Academic Vice Principal) supervise the Enhanced Outpatient Program Teacher(s) in accordance with California Department of Corrections and Rehabilitation policy?	N/A	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

77.	Have the Enhanced Outpatient Program Teacher/s received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement?	N/A	
78.	<div>Multi-Agency Re-entry Program (SB 618):</div> Has the institution interviewed and hired for the Prison Case Manager positions as members of the Multi-Disciplinary team?	N/A	
79.	Are the four vocational programs referenced in Senate Bill 618 in place at the institution?	N/A	
80.	Has a documentation process been established to monitor inmate contact time as well as inmate growth and completion of program?	N/A	
81.	<div>Vocational-Recidivism Reduction Strategies</div> Are all original vocational Recidivism Reduction Strategies (RRS) teacher positions filled and are all classrooms operating?	N/A	
82.	Are all Recidivism Reduction Strategies vocational classes at full enrollment?	N/A	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

NO.	<b>INSTITUTION: NKSP</b> <b>DATE: January 14-18, 2008</b> <b>COMPLIANCE TEAM: Raul Romero, John Jackson, Matthew Koop</b>	YES/NO or N/A	<b>COMMENTS</b>
1.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Student Job Descriptions:</b></div> <p>Are all of the inmate students' job descriptions accurate, complete, signed, and available?</p>	Yes	All of the inmate folders had job descriptions in them.
2.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Student Records/Achievements:</b></div> <p>Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?</p>	N/A	
3.	<p>Are all of the California Department of Corrections and Rehabilitation 128-E, classroom records and timekeeping documents, current, accurate, and secure?</p>	N/A	
4.	<p>Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?</p>	N/A	
5.	<p>Do 100% of the Permanent Class Record Cards (California Department of Corrections and Rehabilitation-151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes?</p>	N/A	
6.	<p>Are Certificates of Completion or Achievement being issued to those students earning them?</p>	N/A	



# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

7.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;"><b>Instructional Expectations:</b></div> <p>Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	N/A	
8	<p>Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?</p>	N/A	
9.	<p>Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	N/A	
10.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;"><b>Bridging Education Program Instructional Expectations:</b></div> <p>Is the teacher utilizing the established curriculum for Bridging Education Program and each teacher has a copy of the curriculum?</p>	Yes	All of the teachers are using the CDCR approved curriculum.
11.	<p>Are the Test of Adult Basic Education and CASAS being Administered to Bridging Students? Are other assessments being used to assess the inmate job skills?</p>	No	Many of the teachers had TABE scores in their student files; and some did not.
12.	<p>Does Bridging Education Program teacher utilize the proper Permanent Class Record (California Department of Corrections and Rehabilitation 151 form) card that is up to date and accurate?</p>	Yes	They are using the CDCR approved curriculum recording system.
13.	<p>Has the Bridging Education Program teacher developed a written weekly schedule to include student program and contact?</p>	Yes	Schedules are developed daily, due to the high volume of daily inmate movement.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

14.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>Test of Adult Basic Education Testing Coordinator:</b> </div> <p>Are gain/loss reports (School Progress Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the education supervisors?</p>	<b>Yes</b>	The Principal and Vice-Principals do have access to the School Program Assessment Report Card (SPARC).
15.	Does the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account?	<b>Yes</b>	There are at least two other staff that have access to a California Department of Corrections and Rehabilitation email address and user account.
16.	Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)?	<b>Yes</b>	The TABE Test Coordinator has the most recent TABE database.
17.	Are Test of Adult Basic Education testing protocols signed by current staff?	<b>Yes</b>	The Academic Vice Principal over the TABE Testing process has a copy of the TABE Test protocols signed by current staff.
18.	Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)?	<b>Yes</b>	All test materials are secured in a locked cabinet.
19.	Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?	<b>Yes</b>	The TABE testing coordinator does maintain a master inventory of TABE booklets and answer sheets.
20.	Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?	<b>Yes</b>	The TABE binder maintained by the TABE testing coordinator contains the required items and information.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

21.	Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer?	Yes	The TABE Test Locator is used to determine which level appropriate TABE test to administer.
22.	<div style="border: 1px solid black; padding: 2px;"><b>Teacher Test of Adult Basic Education Testing</b></div> <p>Are teachers testing within 10 days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?</p>	N/A	
23.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	N/A	
24.	Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer?	N/A	
25.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	N/A	
26.	Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes?	N/A	
27.	Are current Test of Adult Basic Education subtests placed in student's file?	N/A	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

28.	<b>Alternative Education Delivery Model:</b> Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours?	No	The schedules with dates and times are not posted in public areas for inmate access to educational services during off work hours. The teacher sends out weekly sign up sheets. There is no open line.
29.	Are the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?	No	The Distance Learning Study does have the Transforming Lives Network Schedule. There are educational presentations also available in DVD and VHS tape format shown including General Educational Development and Coastline College courses but the schedules are not posted in public areas. It is indicated that there the schedules are torn down by inmates and there is no safeguarded place to put the schedules to keep inmates from removing them.
30.	Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning Study teacher, utilizing Transforming Lives Network and airing educational programs such as Kentucky Educational TV General Education Development series on a weekly basis?	Yes	The Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning Study teacher, utilizing Transforming Lives Network, GED study series, and Coastline College DVDs.
31.	Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs?	Yes	Students are awarded certificates from CLN, Coastline College, as well as from the California State Department of Education for passing the GED examination...

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

32.	Do all of the Education/Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	N/A	No such Alternative Education Delivery Model at NKSP
33.	Do all of the Education/Work Program classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	N/A	No such Alternative Education Delivery Model at NKSP
34.	Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	The Distance Learning Teacher uses utilizing Transforming Lives Network, and Coastline College DVDs. No other subjects are taught beyond the Transforming Lives Network and Coastline subjects that would require Office of Correctional Education approved course outlines and lesson plans. The teacher is reminded that all Office of Correctional Education approved subjects require course outlines and lesson plans.
35.	Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	The Independent Study Teacher concentrates primarily on the General Education Development (GED) Test. Office of Correctional Education approved materials are used that inherently contains course outline and lesson plans. No other subjects are taught beyond the GED subjects that would require Office of Correctional Education approved course outlines and lesson plans. The teacher is reminded that all Office of Correctional Education approved subjects require course outlines and lesson plans.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

36.	<ul style="list-style-type: none"> <li>Are teachers testing inmates within ten days of being enrolled or assigned to Alternative Education Delivery Model program?</li> <li>Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement?</li> </ul>	No	There are at least a third of general population inmates participating in the Alternative Education Delivery Model classes and the Pre-Release class that do not have at least the initial Total Reading Battery test scores. Teachers must administer the initial TABE Total Battery test to those without any scores. Post testing is required for any inmate still at NKSP six months after he is pre-tested.
37.	<ul style="list-style-type: none"> <li>Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated?</li> <li>Is it given to the Vice-Principal and Principal on at least a weekly basis?</li> </ul>	Yes	The Alternative Education Delivery Model rosters are consistently kept updated.
38.	Are students' gains being recorded and tracked?	No	There is no TABE or CASAS pre and post scores noted for the Distance and Independent Alternative Education Delivery Model students.
39.	<div style="border: 1px solid black; padding: 2px;"><b>Gender Responsive Strategies:</b></div> <p>Do all of the academic life skills classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies (GRS) approved curriculum, i.e.? Women's Conflict and Anger Lifelong Management (Feb. 2007), Women's Health (July 2007), Women's Parenting (January 2008) Women's Victims (July 2008)?</p>	N/A	
40.	Do all of the academic life skills classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

41.	<b>ESTELLE and Behavior Modification Unit programs:</b> <p>Is there an effective system in place to track monthly attendance, reporting, and evaluation of assigned inmates, their performance; and participation that allows you to provide a clear overall rating of progress of each student in the Behavior Modification Unit/ESTELLE program?</p>	N/A	
42.	<p>Is there a tracking and evaluation process to determine inmate progress on the Behavior Modification Unit curriculum competencies including Conflict and Anger Lifelong Management and are you providing documentation to Unit Classification Committee every 30 days detailing how the inmates assigned to the Behavior Modification Unit program are performing?</p>	N/A	
43.	<ul style="list-style-type: none"> <li>• Do ESTELLE students have access to computers as required in the framework of the program for training?</li> <li>• Do you have Test of Adult Basic Education scores on all of the students in your program?</li> </ul>	N/A	
44.	<b>Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</b> <p>Are assessment teachers conducting assessments on eligible inmates as defined by the current COMPAS Operations Manual?</p>	Yes	<p>Assessment teachers are conducting assessments on eligible inmates as defined by the current COMPAS Operations Manual. They are very thorough and well organized.</p>
45.	<p>Does assessment staff utilize the current standardized COMPAS Tracking Form?</p>	Yes	<p>The inmates eligible for the COMPAS are listed and tracked using the standardized COMPAS Tracking Form.</p>

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

46.	Are the COMPAS questionnaires shredded daily in accordance with confidential document procedure?	Yes	The documents are controlled within the COMPAS office area and upon completion of data entry into the COMPAS computer; confidential documents are shredded daily in accordance with the COMPAS confidential document procedures.
47.	Are assessment interviews conducted in a semi-private environment?	Yes	When common areas in the living unit are used, the teacher ensures that the interview is conducted in a semi-private environment. Office areas are also used and semi-privacy is assured.
48.	Is appropriate assistance provided to inmates during participation in the COMPAS assessment interview in accordance with departmental policies regarding Effective Communication, the Clark Remedial Plan, and Armstrong mandates?	Yes	Appropriate assistance for effective communications is readily available and is provided based on the individual needs.
49.	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 2px;"><b>Security and Order:</b></div> Are personal alarms issued to teachers and do they wear whistles and the personal alarms?	Yes	All staff had their whistles and personal alarms.
50.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	The fire emergency evacuation plans were posted.
51.	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 2px;"><b>Pre-Release</b></div> Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; DMV Practice Test; and Parole Services?	N/A	Does not apply to the Modified RC Pre-Release Program.



# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

52.	Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation?	N/A	Does not apply to the Modified RC Pre-Release Program.
53.	Is the Pre-Release teacher receiving appropriate institutional and P&CSD staff support?	N/A	Does not apply to the Modified RC Pre-Release Program.
54.	Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained?	N/A	Does not apply to the Modified RC Pre-Release Program.
55.	Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs?	Yes	He adjusts information delivery in accordance with individual inmate effective communication needs.
56.	Is the Pre-Release class a full-time program (4 days/8.5, 5 days 6.5 hours)? If no, is there an exemption on file?	N/A	Does not apply to the Modified RC Pre-Release Program.
57.	Are all of California Department of Corrections and Rehabilitation 128-E's, completion chronos and classroom records current and accurate and reflecting a full quota student enrollment?	N/A	Does not apply to the Modified RC Pre-Release Program.
58.	Does the Pre-release Teacher use the Framework for Breaking Barriers?	Yes	Framework for Breaking Barriers is used on a limited basis due to the nature of RC operations.
59.	Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release reports on time and maintain copies of those Monthly Pre-release reports?	Yes	A Pre-Release Report is completed identifying all inmates assisted including all those all inmates receiving Pre-Release information packets.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

60.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Recidivism Reduction Strategies Enhanced Outpatient Program Program:</b></div> <p>Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings?</p>	N/A	
61.	<p>Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team and the Enhanced Outpatient Program teacher to receive education services?</p>	N/A	
62.	<p>Is the required student assessment for development of the Individualized Treatment and Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines?</p>	N/A	
63.	<p>Is there documentation of the education services provided to Enhanced Outpatient Program inmates?</p>	N/A	
64.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Transforming Lives Network Program:</b></div> <p>Are alternate modalities available for use within the housing units for the Distance Learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.?</p>	Yes	
65.	<p>Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access?</p>	Yes	
66.	<p>Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty?</p>	Yes	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

67.	Are school faculty members given the opportunity to provide input into the broadcast schedule?	Yes	
68.	<div style="border: 1px solid black; padding: 2px;"><b>Recreation/Physical Education (P.E.):</b></div> Is there a current and comprehensive activity schedule for the Recreation and/or Physical Education Program?	Yes	The activity schedule was reviewed; it was current.
69.	Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies?	Yes	The approved CDCR movie review policy is being followed.
70.	Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities?	Yes	The team sign-up roster sheet was reviewed; it was current.
71.	Is California Department of Corrections and Rehabilitation-approved State frameworks curriculum being used and are course outlines present?	No	The California Department of Corrections and Rehabilitation-approved State frameworks curriculum is not being used and are course outlines present are not being used because traditional classes are not being conducted.
72.	Are health education, physical fitness training and recreational activities being provided to Special Needs populations?	Yes	Service is provided to the entire inmate population. The high volume of inmate movement makes it difficult, if not impossible to isolate the special needs population. They are being served.
73.	Does the Physical Education teacher have a system in place to ensure accountability for state property including sports equipment, clothing and supplies?	Yes	The PE teacher has a check-in and check-out system in place.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

74.	Are there sufficient supplies, such as board games and sports equipment, to ensure a viable Physical Education program?	<b>Yes</b>	The supply/equipment room had sufficient supplies and equipment on hand.
75.	Are time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept?	<b>N/A</b>	The recreation officer supervises the inmates who work on the yard. Therefore, the recreation officer does the time keeping.
76.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Recidivism Reduction Strategies (Physical Education):</b></div> Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?	<b>Yes</b>	Games, textbooks and equipment suitable for the geriatric population is available.
77.	Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population?	<b>Yes</b>	Five thousand, three hundred dollars were expended.

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

NO	INSTITUTION: NKSP DATE: January 14-18, 2008 COMPLIANCE TEAM: Philip Renteria	YES/NO or N/A	COMMENTS
1.	<div data-bbox="159 380 906 422" style="background-color: #e0e0e0;"><b>Library Staffing:</b></div> <ul style="list-style-type: none"> <li>Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff?</li> <li>Does the Senior Librarian implement/plan the library program?</li> </ul>	No	The library is supervised by an Academic Vice Principal. A Senior Librarian is not present because he has been re-assigned. Currently the library program is under the immediate direction of a Library Technical Assistant.
2.	<div data-bbox="159 678 906 747" style="background-color: #e0e0e0;"><b>Department Operation Manual and Department Operation Manual Supplement:</b></div> <ul style="list-style-type: none"> <li>Is the current Department Operation Manual, Section 53060 available in main library (ies) and satellite library (ies)?</li> <li>Is there a Department Operation Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operation Manual supplement reflect the current, actual local library program?</li> </ul>	No	Library staff in the Main Law Library were unable to locate a current Library DOM Supplement. Additionally they keep no master Institutional DOM Supplement Posting/File. Review of the old DOM Supplement revealed no mention of library operating schedule, inmate library methodology. Restricted population access methodology does not exist that detail days or times of access.
3.	<div data-bbox="159 1188 906 1230" style="background-color: #e0e0e0;"><b>General Population (GP) Access Hours:</b></div> <ul style="list-style-type: none"> <li>Are library hours of operation posted where General Population inmates can see them, and do General Population inmates have access to the library during off work hours?</li> <li>Do General Population inmates have regular access to non-legal library services?</li> </ul>	No	Library staff in the Main Law Library were unable to locate a current Library Department Operations Manual (DOM) Supplement. Additionally they keep no master Institutional DOM Supplement Posting/File. Review of the old DOM Supplement revealed no mention of library operating schedule or inmate library methodology. Restricted population access methodology does not exist, detailing days or times of access.

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

4.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>General Population Law Library Documentation:</b> </div> <ul style="list-style-type: none"> <li>Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use?</li> <li>Is there a list showing inmates who request legal access, and those who received access?</li> </ul>	<b>Yes</b>	Documentation consists of a Law Library, user sign-in log. Law Library Ducat list shows inmate requests received and fulfillment data. With above log data entry is complete for tracking purposes.
5.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>Restricted Housing Status Inmate Access:</b> </div> <ul style="list-style-type: none"> <li>If there are Restricted Housing inmates in the institution, is there a Department Operation Manual supplement relating to their use of the library?</li> <li>Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request?</li> </ul>	<b>No</b>	Library staff in the Main Law Library were unable to locate a current Library DOM Supplement. Additionally they keep no master Institutional DOM Supplement Posting/File. Review of the old DOM Supplement revealed no mention of library operating schedule or inmate library methodology. Restricted population access methodology does not exist, detailing days or times of access. Restricted population is PAGED ONLY, physical access is not provided. Only one Law Library Security Booth is installed for restricted population use. This is a major deficiency, additionally not only is the Restricted Population paged, but a twenty page limit is placed on case law that is copied applied, limiting access further.
6.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>Restricted Housing Status Non-Legal Library Services:</b> </div> <p>Do Restricted Housing inmates receive general library services?</p>	<b>Yes</b>	A deposit collection is used to provide Restricted population recreational Library materials. A 20 book deposit collection is utilized, and renewed weekly. A deposit collection is sufficient however the number of books needs to be greatly expanded and kept refreshed.

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

7.	<b>Library Expenditures:</b> <ul style="list-style-type: none"> <li>Are library funds spent for magazines/newspaper subscriptions, fiction and nonfiction books, supplies, processing, repair, and interlibrary loan fees?</li> <li>If other items are purchased, are they for library use?</li> </ul>	Yes	Library Funds and expenditures are tracked and are appropriate.
8.	<b>Inmate Welfare Funds (IWF) Expenditure:</b> <p>Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?</p>	Yes	IWF, Library Funds and expenditures are tracked and are appropriate.
9.	<b>Law Library Expenditure:</b> <ul style="list-style-type: none"> <li>Does the Senior Librarian understand the process associated with receiving the mandated law discs/books through the warehouse or mail room?</li> <li>Are the Stock Received Reports completed and submitted to the Regional Accounting Office?</li> </ul>	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
10.	<ul style="list-style-type: none"> <li>Are all received mandated law books and discs made available to inmates in a timely manner?</li> <li>Are the discs timely loaded on the Law Library Electronic Data System computer?</li> <li>Are the law books shelved promptly?</li> </ul>	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
11.	<ul style="list-style-type: none"> <li>Are law library discs checked in by the Associate Information Specialist Analyst?</li> <li>If not, who checks them?</li> </ul>	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
12.	Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be?	Yes	The Lead Library Technical Assistant understands this process and/or requirement.

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

13.	<b>Library Book Stock - Quality, Part I:</b> <ul style="list-style-type: none"> <li>• Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five (5) years and one unabridged dictionary (no older than 5 years);</li> <li>• Does the library program have at least three directories relevant to the questions asked by the population served?</li> </ul>	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
14.	<b>Library Book Stock - Quality, Part II:</b> <p>Does each library in the institution have a current world almanac, an atlas that is no more than three (3) years old, an English language dictionary that is no more than five (5) years old, and a Spanish and English dictionary that is no more than ten (10) years old?</p>	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
15.	<b>Library Book Stock - Quality, Part III:</b> <ul style="list-style-type: none"> <li>• Does each library regularly inspect the physical condition of their books?</li> <li>• Does the library program have a book repair procedure</li> </ul>	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
16.	<b>Library Book Stock - Quality, Educational Support, Literacy, Multi-Ethnicity:</b> <p>Does each library in the institution have at least one (1) textbook and two (2) supplemental titles which have copyright dates not more than ten (10) years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (inc. Spanish language) and Native American materials?</p>	Yes	The Lead Library Technical Assistant understands this process and/or requirement.



# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

17.	<b>Library Book Stock - User Orientation:</b> <ul style="list-style-type: none"> <li>Are book collections designed to meet the needs and interests of the inmate population served?</li> <li>Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box?</li> </ul>	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
18.	<b>Library Book Stock - Quantity: (Department Operation Manual Book Augmentation)</b> <ul style="list-style-type: none"> <li>Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation?</li> <li>Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding?</li> </ul>	No	Allocated Library space will not allow for the housing of the Library Book Stock Formula that is required. Additionally the high book loss rate of a Reception Center Population, does not allow for the building of a library collection consistent with the Book Stock Standard.
19.	Have all books purchased through the Recidivism Reduction Strategies funds been received, shelved, and inmate use tracked?	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
20.	<b>Book Access:</b> <ul style="list-style-type: none"> <li>Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter?</li> <li>Can inmates request books that are not in the library collection?</li> </ul>	Yes	This Library is not automated and could benefit greatly by automating. Currently book lists are generated via a data base.
21.	<b>Circulation:</b> <p>Is there an adequate library book checkout system in place and an adequate overdue system in use?</p>	Yes	Manual Library Materials tracking is utilized.

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

22.	<b>Mandated Law Library/California Code of Regulations, Department Operation Manual</b> <ul style="list-style-type: none"> <li>Are the Gilmore v. Lynch mandated law books up to date?</li> <li>Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish?</li> <li>Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operation Manual?</li> <li>Are all the Law Library Electronic Data System computers up-to-date and operating in each library?</li> </ul>	No	Office of Correctional Education has not completed the Law Library Book Order process; therefore Institutional Law Libraries are not current nor are they in Compliance with court mandates and /or requirements.
23.	<b>Law Library - American Disability Act (ADA):</b> Are American Disability Act mandatory postings present in the library?	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
24.	<b>Circulating Law Library:</b> Is a procedure for accessing the Circulating Law Library in place?	No	A circulating Law Library does not exist in the Department nor is there an alternative process in place for the acquisition of non-held Law Library books in place.
25.	<b>Court Deadlines:</b> Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library?	Yes	The Lead Library Technical Assistant understands this process and/or requirement.
26.	<b>Law Library Forms and Supplies:</b> Do inmates have access to court required forms; are required legal supplies adequate and available; are procedures to distribute forms and supplies appropriate; and do all law libraries follow the same law library procedures?	Yes	The Lead Library Technical Assistant understands this process and/or requirement. Nonstandard Law Library forms are provided and should be weeded out and not made available to the inmate population, as they are not court approved or required under current administrative law.

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

27.	<div style="border: 1px solid black; padding: 2px;"><b>General Library Forms and Supplies:</b></div> <p>Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution?</p>	<b>Yes</b>	The Lead Library Technical Assistant understands this process and/or requirement. Nonstandard Law Library forms are provided and should be weeded out and not made available to the inmate population, as they are not court approved or required under current administrative law.
28.	<div style="border: 1px solid black; padding: 2px;"><b>Inmate Clerk Training:</b></div> <ul style="list-style-type: none"> <li>• Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee?</li> <li>• Do inmate clerks receive training on a regular basis in law library and general library processes?</li> </ul>	<b>Yes</b>	The Lead Library Technical Assistant understands this process and/or requirement.
29.	<div style="border: 1px solid black; padding: 2px;"><b>Security and Order:</b></div> <ul style="list-style-type: none"> <li>• Are personal alarms issued by institution to library staff; does library staff wear a whistle and the issued personal alarms?</li> <li>• Are exits clearly marked and evacuation plans posted in accordance with the institution's emergency evacuation plan?</li> </ul>	<b>Yes</b>	The Lead Library Technical Assistant understands this process and/or requirement.

# 2007/2008 COMPLIANCE REVIEW FINDINGS OVERVIEW

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

<b>INSTITUTION:</b> North Kern State Prison <b>DATE:</b> January 15, 2008 <b>COMPLIANCE TEAM:</b> Mark Lechich	<b>YES/NO or NA</b>	<b>COMMENTS</b>
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Duty Statement / Job Description / Credentials			
1.	Do you have a current duty statement on file (within one year)?	<b>Yes</b>	Mr. Tim Sherrill recently took over the Literacy Learning Lab.
2.	Do you have a valid credential on file?	<b>Yes</b>	Located in the Education Office.
Security / Order			
3.	Are personal alarms issued by the institution to teaching staff, and worn?	<b>Yes</b>	Mr. Sherrill has his personal alarm on at all times, plus whistle.
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	<b>Yes</b>	Exit sign is above the door and the evacuation plan is posted next to the door.
Supervisory / Support			
5.	Do you receive support from your supervisor and other educational staff?	<b>Yes</b>	Mr. Sherrill receives good support from Ms. Van Klaveren
6.	Does the Vice Principal visit/observe your class? Does the Principal visit /observe your class? Do you maintain a sign-in log?	<b>Yes</b>	The Academic Vice-Principal visits daily and she calls daily also. The Principal comes by once a month.
Inmate Enrollment			
7.	Do you maintain a minimum enrollment of 27 students?	<b>No</b>	Yard can not support a full class. Only two buildings have General Population inmates.
8.	Do students receive direct/group instruction?	<b>Yes</b>	Mr. Sherrill does small group instruction.
9.	Is the Literacy Learning Lab a "self contained" program?	<b>No</b>	Pull-out program by educational officer calling the housing unit.
Student Records / Testing Achievements			
10.	Do you verify non-GED or HS graduation of the student?	<b>Yes</b>	Transcript Request form is completed.
11.	Do you start a student record file upon the student entering the Literacy Learning Lab program?	<b>Yes</b>	It is started the first day the student arrives for programming.

# 2007/2008 COMPLIANCE REVIEW FINDINGS OVERVIEW

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: North Kern State Prison DATE: January 15, 2008 COMPLIANCE TEAM: Mark Lechich	YES/NO or NA	COMMENTS
12.	Does each student have a current TABE score? <i>If not, do you refer the student for testing?</i>	No	About 70% of students have TABE scores.
13.	Do you assess student's basic skill level? <i>Describe</i>	Yes	Mr. Sherrill assesses each student by working with him and evaluating. Pre-GED test
14.	Are at least 90% of the CDC-128E's, classroom records and accountability documents current, accurate and secured?	Yes	Files are current and accurate
15.	Are the Student Files current (incl. TABE and any assessment scores)? <i>Review</i>	No	
16.	Is there a current Student Job Description on file?	Yes	All Student Job Descriptions are current.
<b>Instructional Expectations</b>			
17.	Do you use the approved CDCR Competency Based ABE curriculum?	Yes	Main focus of this program is for GED attainment.
18.	Use of differentiated instructional methods? <i>Describe</i>	Yes	
19.	Do students track their own progress?	Yes	
20.	Do the students receive computer orientation? Is there continuous training? <i>Describe</i>	Yes	Mr. Sherrill conducts the computer orientation and provides continuous training.
21.	Do you maintain course outlines and lesson plans? <i>Review files</i>	No	Mr. Sherrill will develop course outline and lesson plans.
22.	Do you use alternative assessment instruments (besides the required TABE), to determine a student's instructional plan? <i>Describe</i>	Yes	PLATO software is used to assess students' abilities.
23.	Do students spend an average of six months of instructional time enrolled in the program?	Yes	General Population students are in the program six months.
<b>Other Services</b>			

# 2007/2008 COMPLIANCE REVIEW FINDINGS OVERVIEW

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: North Kern State Prison DATE: January 15, 2008 COMPLIANCE TEAM: Mark Lechich	YES/NO or NA	COMMENTS
24.	Do you refer students to other services, i.e. medical? <b><i>Describe the process.</i></b>	<b>Yes</b>	The Educational Officer will contact medical.
25.	Do you provide the students career-related information?	<b>No</b>	Pre-Release program handles those needs for the students
26.	Do you have student aides? If so, how many and how are they used?	<b>Yes</b>	Three student aides. Tutoring and clerical.
<b>Training</b>			
27.	Have you participated in conferences, workshops and seminars from July 1, 2007– December 31, 2008? If so, provide a list.	<b>Yes</b>	Reading Plus in August, 2007.
<b>Expenses</b>			
28.	Are spending levels appropriate for material purchases and training to support program needs?	<b>Yes</b>	Mr. Sherrill is very happy with his funding levels.
<b>Equipment</b>			
29.	Do you maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? <b><i>Conduct an inventory.</i></b>	<b>Yes</b>	All workstations are listed with serial numbers and institutional tags. Few WIA tags are applied.
30.	Is your software appropriately maintained by PLATO's technical field staff?	<b>Yes</b>	
31.	Do you register all new software purchases with the Associate Information System Analyst (AISA)?	<b>Yes</b>	The AISAs are aware of all software.
<b>Committees / Meetings</b>			
32.	How often do you meet with the referral teacher for consultation on a student?	<b>N/A</b>	

# 2007/2008 COMPLIANCE REVIEW FINDINGS OVERVIEW

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

<b>INSTITUTION:</b> North Kern State Prison <b>DATE:</b> January 15, 2008 <b>COMPLIANCE TEAM:</b> Mark Lechich	<b>YES/NO or NA</b>	<b>COMMENTS</b>
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<b>CASAS/TOPSPRO Management Information System (MIS) Coordinator</b>			
33.	Have you been trained in the area of California Accountability and the TOPSPRO Management Information System to appropriately perform your duties as a CASAS Coordinator? When was the date of the last training? <b><i>Dates of last trainings</i></b>	<b>Yes</b>	Mr. Bob Ranney attended the April and October, 2007 training conducted by Federal Grants. He also attended CASAS training in May, 2007.
34.	Do you have an adequate amount of CASAS testing materials to implement CASAS? <b><i>Explain the CASAS testing procedures at your institution.</i></b>	<b>Yes</b>	NKSP does all CASAS testing by the Coordinator. Priority Ducat system. All testing materials are kept in the Testing Office in locked metal cabinets.
35.	Are the CASAS testing materials appropriately inventoried and secured?	<b>Yes</b>	All test booklets are numbered. Each has a card in booklet matching the book number.
36.	Are you using the latest version of the TOPSPRO Management Information System software?	<b>Yes</b>	TOPSPRO 4.6 version 68
37.	Is the hardware equipment (Scantron machine) and software (TOPSPRO Management Information System) used to implement CASAS appropriately maintained?	<b>Yes</b>	All equipment works well.
38.	Do you provide each teacher with a <b>Student Performance by Competency Report</b> to assistance them in preparing lesson plans?	<b>Yes</b>	All students receive a copy of the Student Performance by Competency before they leaving the testing center for Pre-Test.
39.	Do you know how to generate the <b>California Payment Point Report</b> ? Can you generate a <b>Preliminary Payment Point Report</b> ?	<b>Yes</b>	Mr. Ranney is doing an excellent job. The Learning Gains have dramatically gone up. Also Ms. Downs is to be commended.

# 2007/2008 COMPLIANCE REVIEW FINDINGS OVERVIEW

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: North Kern State Prison DATE: January 15, 2008 COMPLIANCE TEAM: Mark Lechich	YES/NO or NA	COMMENTS
40.	Are the appropriate students receiving and completing the <b>Core Performance Surveys</b> ? <i>Explain the process in place to ensure that students are receiving the surveys.</i>	Yes	NKSP students do not qualify for the Core Performance Survey, this is a Reception Center students are not here long enough.
41.	Can you generate an up to date list of students that will be receiving the <b>Core Performance Survey</b> for the past quarter?	Yes	
42.	Can you generate a <b>Data Integrity</b> site review?	Yes	Mr. Ranney can generate the Data Integrity Report.
43.	Can you generate a <b>Student Gains by Class Report</b> ? Can you produce five student Entry/Update records and Pre/Post Test records? (Check reports with <b>Student Gains by Class Report</b> and <b>Student Lister</b> . Dates, testing books, and scores should match between records)	Yes	Dates and hard copies matched.

### COMMENTS ON THE FEDERAL GRANTS SECTION

NKSP's Education Department is out of compliance with the Workforce Investment Act, Federal Education Grievance Procedure policy. This Grievance Procedure statement must be included in students' job description and posted in classrooms.

NKSP's Education Department is out of compliance with the Workforce Investment Act (WIA) Inventory List for all WIA purchased equipment. Most of the equipment does not have Federal WIA Grant tag number. NKSP must send updated copy of the WIA Inventory List to WIA Administrator annually with all equipment appropriately tagged.



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

REPORT OF FINDINGS

INMATE APPEALS AUDIT

NORTH KERN STATE PRISON

JANUARY 22 – 25, 2008



CONDUCTED BY

INMATE APPEALS BRANCH

# ***PRELIMINARY REPORT***

## **INMATE APPEALS AUDIT**

***North Kern State Prison***  
**January 22-25, 2008**

**Review Team:** S. Wright, Facility Captain, Inmate Appeals Branch  
R. Manuel, Facility Captain, Inmate Appeals Branch

### **SUMMARY CHART**

AREA REVIEWED		RATING 2008	
	Score	Page No.	
<b>OVERALL RATING</b>	<b>85</b>	1	
A. ACCESS TO INMATE APPEALS	70	2	
B. TRACKING/FILING APPEALS	99	4	
C. PREPARATION OF APPEALS	83	5	
D. TIMEFRAMES	85	6	
E. APPEAL RESPONSES	95	7	
F. SPECIALIZED PROCESSING OF APPEALS	100	8	
G. TRAINING and OFFICE STAFFING	65	9	
H. CURRENT OVERDUE APPEALS	85	10	

INMATE APPEALS AUDIT  
FINAL REPORT

**North Kern State Prison**  
*January 22-25, 2008*

INMATE APPEALS AUDIT

*The findings in this Inmate Appeals Audit resulted in an overall score of 85. All areas and their results are listed below.*

*Pearl Biggs, Correctional Counselor II (CC-II), and Linda Roth, Associate Governmental Program Analyst, assigned to the Appeals Office, are experienced and knowledgeable in all facets of the appeals process. The Appeals Office support staff, Andrea Albiter, Office Assistant, was helpful to the audit team. She was able to locate documents needed for the Review and provide information to assist the audit team. It was indeed a pleasure to work with Pearl, Linda, and Andrea in the Appeals Office.*

The specific sections and their corresponding questions and scores are identified below. Copies of the Inmate Appeals Worksheets are available upon request.

<b>A. ACCESS TO INMATE APPEALS:</b>	<b>Section Rating: 70</b>
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- 1) Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate? [CCR 3084.1 (c)]**

29 sample # 29 # correct = 100 %      Question Rating: 50      **Score: 50**

*All of the housing units have a good supply of both CDC Form 602s and 1824s. The Housing Unit staff were cooperative with the audit team and familiar with the Appeals Process. Staff were aware of their responsibility in routing the appeals to the Appeals Office.*

- 2) Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and CDC Form 1824s in each inmate law library? [DOM Section 101120.11, 54100.3]**

2 sample # 2 # correct = 100 %      Question Rating: 10      **Score: 10**

*There was easy access to the forms and manuals in the law libraries. Law library staff were very helpful to the audit team.*

- 3) Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]**

No      Question Rating: 20      **Score: 0**

*The low score in this question is due to no written instruction being issued to new arrivals. A check with Laundry staff who prepare the Fish kits revealed no orientation booklet is provided to new arrivals. A random check of laundry bundles issued to new arrivals in R&R verified this fact.*

**4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmates right to appeal and appeal procedures? [CCR 3002(a)(2)]**

Yes

Question Rating: 20      **Score: 10**

*The low score in this question is due to the auditors finding only two staff out of five facilities that indicated that they gave verbal instructions regarding the inmate's right to appeal and appeal procedures. According to housing and R&R staff, the S&E assigned to escort new arrivals from R&R to the housing units provide verbal instructions. Contact with various S&E staff stated it was R&R staff's responsibility to give verbal instructions. It is evident that there is no established procedure.*

SECTION POINT TOTAL      **70**

**Recommendation:** *Provide training to staff regarding the responsibility to provide intake inmates with verbal instruction on the appeals process. Additionally perform spot checks as a tool used to monitor for compliance.*

**Note:** The auditors found that Appeal Mail Boxes remain unlocked in Facility C. The auditors determined that the Appeal Mail Boxes are no longer used; however, a submitted appeal by an inmate was found inside an unused Appeal Mail Box, dated January 18, 2008. Retention of the unused Appeal Mail Boxes in the housing units creates confusion and the possibility of non-answered appeals.

**5) \*\*Does the institution provide the CDC Form 602 in both English and Spanish?**

No

Question Rating: 0      **Score: 0**

*This matter was discussed with Appeals staff who indicated a request for Spanish CDC Form 602's would be ordered and distributed upon receipt.*

**\*\* This question is for information gathering only.**

**B. TRACKING AND FILING APPEALS**

**Section Rating: 99**

1. **Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels?** [DOM Section 54100.9]

Yes

Question Rating: 15      **Score: 15**

2. **A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached?** [DOM Section 54100.3]

100 sample # 99 # correct = 99 % Question Rating: 25      **Score: 25**

3. **Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days?** [CCR 3084.5(i)]

20 sample # 19 # correct = 95 % Question Rating: 25      **Score: 24**

4. **Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?**

[CCR 3084.6, DOM 54100.12]

Yes

Question Rating: 35      **Score: 35**

*\*The Administrative Staff are noticed weekly of the overdue appeals on a consistent basis. Currently there 49 overdue ADA/Medical appeals.*

**SECTION POINT TOTAL 99**

**C. PREPARATION OF APPEALS**

**Section Rating 83**

- 1) Are inmates interviewed at the first level of review or at second level if first level is waived? [CCR 3084.5 (f) and DOM 54100.14]**

100 sample # 92 # correct = 92 % Question Rating: 25 **Score: 23**

*\*Staff at NKSP do an excellent job of noting the inmate interview was conducted at either the first or second level of review.*

- 2) Do the dates on the appeal correspond with the dates on the IATS?**  
[DOM Section 54100.9]

100 sample # 72 # correct = 72 % Question Rating: 25 **Score: 18**

*\*The lower score in this question is due to several appeals showing a discrepancy between the received dates and due dates on the 602 form verses those dates in the IATS program. In some cases there were no complete dates documented. This issue has been discussed with the Appeals staff and is in the process of being remedied.*

- 3) A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)? [DOM Section 54100.3]**

100 sample # 66 # correct = 66 % Question Rating: 25 **Score: 17**

*\*The lower score in this question is due to several appeals failing to show the received, return, and due dates in Sections "E" and "G" of the CDC 602.*

- 4) Is there evidence that appeal decisions are reviewed by the institution head or his/her designee? ?[CCR 3084.5(e)(1)]**

51 sample # 51 # correct = 100 % Question Rating: 25 **Score: 25**

**SECTION POINT TOTAL 83**

**Recommendation:** *Establish procedures to ensure the dates on the 602 form match the dates in the IATS program. Provide training to appropriate staff to ensure the 602 form is filled in completely, including all dates.*

**D. TIMEFRAMES**

**Section Rating: 85**

- 1) **Are appeals being assigned at each level within five working days of receipt in the Appeals Office?** [DOM 54100.9]

100 sample # 92 # correct = 92 % Question Rating: 25 **Score: 23**

- 2) **Are informal appeals completed within ten working days?**  
[CCR 3084.6 (b)(1)]

23 sample # 22 # correct = 96 % Question Rating: 25 **Score: 24**

- 3) **Are first-level responses completed within 30 working days?**  
[CCR 3084.6 (b)(2)]

55 sample # 54 # correct = 98 % Question Rating: 25 **Score: 25**

- 4) **Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)?** [CCR 3084.6 (b)(3)]

51 sample # 27 # correct = 53 % Question Rating: 25 **Score: 13**

*The low score in this question is due to several completed responses not being reviewed and signed by administrative staff prior to the due date. **Specifically, in the categories of Staff Complaints and Disciplinary Appeals.***

**SECTION POINT TOTAL 85**

**Recommendation:** *Provide training to administrative staff regarding their responsibility to meet the required time constraints. The monitoring of this requirement is the responsibility of the appropriate supervising manager.*

E. APPEAL RESPONSES	Section	Rating: 95
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- 1) Does the institution prepare a written response at the first level of review stating the appeal issue?

[CCR 3084.5 (g) and DOM 54100.15]

55 sample # 47 # correct = 85 % Question Rating: 25 Score: 21

*The low score in this question is due to staff not restating the appeal issue in ADA and Medical First Level Appeal responses.*

- 2) Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered? [CCR 3084.5 (g) and DOM 54100.15]

55 sample # 52 # correct = 95 % Question Rating: 25 Score: 24

- 3) Does the institution prepare a written response at the second level of review stating the appeal issue?

[CCR 3084.5 (g) and DOM 54100.15]

51 sample # 51 # correct = 100 % Question Rating: 25 Score: 25

- 4) Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?

[CCR 3084.5 (g) and DOM 54100.15]

51 sample # 51 # correct = 100 % Question Rating: 25 Score: 25

SECTION POINT TOTAL 95



**F. SPECIALIZED PROCESSING OF APPEALS**

**Section Rating: 100**

**STAFF COMPLAINTS  
APPEAL RESTRICTION**

**STAFF COMPLAINTS**

- 1) **When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations, AB 05/03, DOM 54100.25.2)**

Yes Question Rating: 20 Score: 20

- 2) **Is the institution keeping Staff Complaints for a period of five years? [DOM 54100.25.5 and Penal Code 832.5(b)]**

Yes Question Rating: 20 Score: 20

- 3) **Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed? [AB 05/03]**

Yes Question Rating: 20 Score: 20

- 4) **Are all allegations of staff misconduct presented to the warden or designee at least weekly? [AB 05/03]**

Yes Question Rating: 20 Score: 20

**APPEAL RESTRICTION**

- 5) **Is there evidence of authorization from the Chief of the Inmate Appeals Branch (IAB) to place an inmate on restriction? [CCR 3084.4(3), (4)]**

No Restrictions: 100 % Question Rating: 20 Score: 20

**SECTION POINT TOTAL 100**

**G. TRAINING/OFFICE STAFFING**

**Section Rating: 65**

- 1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]**

No

Question Rating: 20      **Score: 0**

*\*There is no evidence that the Appeals Coordinator actively participates in Appeals training.*

**Recommendation: The Appeals Coordinator actively participates with In-Service Training staff in the development of the appeals lesson plan and the training of staff.**

- 2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]**

Yes

Question Rating: 30      **Score: 15**

*\*The low score in this question is due to non-custody supervisors not receiving appeals training during Supervisor's Orientation. This issue was discussed with In-Service Training staff who will implement training in this area within 60 days for all supervisory staff during Supervisor's Orientation.*

- 3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]**

Yes

Question Rating: 30      **Score: 30**

- 4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(b) [component thereof]**

Yes

Question Rating: 20      **Score: 20**

**SECTION POINT TOTAL 65**

## H. CURRENT OVERDUE APPEALS

Section Total: 85

1) What is the number of the current overdue First Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	45	.25	11.25
31-90 days	4	.50	2.0
91-180	0	.75	0
181+	0	1	0

Question Rating: 50

Points deducted: 13

Score: 37

2) What is the number of the current overdue Second Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	3	.25	.75
31-90 days	3	.50	1.5
91-180	0	.75	0
181+	0	1	0

Question Rating: 50

Points deducted: 2

Score: 48

### APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+		1	0

# of Appeals: 0

Points Deducted: 0

Score: N/A

\*There were no overdue appeals from other institutions.

SECTION POINT TOTAL 85

**ADDITIONAL AREAS OF REVIEW:** This portion has been added to the audit format; however, these areas of the institution are reviewed for information gathering and scores will not be obtained.

**1. Law Library access for ASU/SHU inmates:**

- a) What is the process for allowing ASU/SHU inmates access to the law library?  
[CCR 3122, 3160, 3164, 3343(k)]

ASU inmates are afforded access to the paging system twice a week for a two-to-four hour period. The schedule allows access to the paging system by various buildings, on specific days, to ensure all inmates have the opportunity to attend the law library. Physical access to the Law Library is determined by the Law Librarian and/or the Legal Officer, on a case-by-case basis.

- b) How often do these inmates have access to the law library?

Twice a week for two hours each visit.

- c) How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

PLU inmates are given higher priority based upon established court deadline dates.

**2. Medical Appeals Process:**

- a) What is the process for answering medical and ADA appeals?

- i) Who responds?

The Registered Nurse/Primary Care Provider prepares a draft response.

- ii) Who interviews the inmate?

Appropriate medical staff

- iii) Who prepares the response?

The Health Care Appeals Coordinator prepares the response from the draft response.

- b) Talk to the CMO/HCM regarding medical appeals process.

Discussion with the CMO/HCM/CHASA revealed that the medical appeals process requires reevaluation to address the numerous overdue ADA appeals.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION  
BED UTILIZATION REVIEW

NORTH KERN STATE PRISON

JANUARY 14 – 18, 2008

**PRELIMINARY**



# **NORTH KERN STATE PRISON**

Week of January 14, 2008

## **ADMINISTRATIVE SEGREGATION BED UTILIZATION REVIEW**

The North Kern State Prison (NKSP) Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of January 14, 2008. Correctional Counselor (CC)-III M. Scott, assisted by CC-IIs E. Devlin and D. Allen; conducted the review.

The intent of this review is to provide an evaluation of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution to assist in identifying areas that could reduce time spent in ASU and overcrowding in ASU. A review of NKSP's ASU tracking log, reflected approximately 138 inmates housed in ASU. Of these cases, approximately 45 cases were in ASU for 90 days or more. Approximately 56 cases were reviewed by the team and 49 cases were actually included in the Report. Attached is a breakdown of types of cases by CDC numbers, that were reviewed.

The cases reviewed were broken down into the following categories:

27 were placed in Administrative Segregation based on a pending Disciplinary charge.

8 were placed in Administrative Segregation based on safety concerns. Note several of these cases also received disciplinary reports in ASU—the time constraints related to the disciplinary process were captured in the Disciplinary section.

14 were placed in Administrative Segregation based on a pending investigation of Prison Gang Status or update of previous validation. Several of these inmates also received disciplinary reports in ASU—the time constraints related to the disciplinary process were captured in the Disciplinary section.

**Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU?** NKSP does have a comprehensive ASU tracking method. The tracking log presented appeared current (cases added as recently as 1/10/08). The log is maintained by an ASU CC-II (Delarosa) who inputs the initial information related to the case; and by an Office Assistant (O. Garza) who updates the log with the inmate's mental health status and CSR action. The NKSP Tracking List dated 1/11/08 provided helpful information such as date of ASU placement, Reason for Placement, "Things Needed" (such as C-file, closure report, CSR review); Committee's last action and CSR action. The last column, "Action Taken to Expedite Casework" included information such as ICC's recommendation and CSR endorsement. Time periods for specific processes, such as date of adjudication of RVRs, is not tracked. The computerized log was organized in alphabetical order.

**Comment:** Although there is not a requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.

### **GENERAL ASU CASE PROCESSING TIMES**

#### **Period from Initial Placement in ASU to CSR Review**

*California Code of Regulations (CCR) 3335(c)(1) requires that the Institution Classification Committee refer the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.*

**California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.**

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR Review ranged from 1 day to 38 days. Overall the great majority of cases were seen for the Initial ASU ICC in a timely manner, within 10 days or less.

**It is the expectation that cases referred for ASU retention be presented to the CSR for review within 30 days of the Classification committee referral.**

Time from the initial ICC referral for CSR Review to the actual CSR review ranged from 1 day to 68 days. Of the cases reviewed, only 7 cases were noted which were reviewed by the CSR more than 30 days from the Classification committee referral. The lack of weekly Security Housing Unit (SHU) CSR coverage is noted, which may have contributed to these few less than timely reviews.

**When an ASU case is reviewed by a CSR, the CSR will indicate a time period in which the case must be presented again to a CSR for further review.**

Of the cases reviewed, one case currently retained in ASU beyond the CSR approved

retention date. **(The expectation is there should be 0 cases in this category).** The case was that of Inmate Garcia D73856. ICC of 12/20/07 has referred this case to the CSR for SHU Indeterminate. The extension has lapsed by at least six days.

There was one case noted that had been in ASU over 90 days and which did not have an ASU extension approval at all. **(The expectation is there should be 0 cases in this category).** This was the case of Inmate Garcia V02748 (in ASU based on disciplinary concerns, 114 days). The inmate was placed into ASU on 9/24/07 based on a pending RVR for Battery on Inmate. He also received an additional RVR of 10/10/07 for Participation in a Riot. ICC referred the case to the CSR on 10/4/07, 11/15/07 (SHU audit) and 12/13/07 however the case was never seen by the CSR.

## **DISCIPLINARY CASES**

### **Hearing Timelines**

*Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney (DA) review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.*

A total of 53 RVRs were reviewed.

#### **RVRs heard without postponement:**

21 RVRs were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from 11 days to 151 days. The majority of the cases appeared to be within the time limits. The "151" day case was that of Inmate Serrano P02563. This inmate was placed into ASU on 10/25/06 for prison gang validation, however received at least five RVRs while housed in ASU and additionally had numerous out-to-court (OTC) releases which contributed to the delay in the adjudication of the RVRs. The inmate has been validated and endorsed for SHU indeterminate but remains in the Reception Center for the completion of processing. The majority of RVRs reviewed were adjudicated, on average within 31 days.

#### **RVRs heard with postponement pending DA action:**

8 RVRs were noted.

Time from the date of the RVRs to the date the RVRs were heard ranged from 25 to 1425 days. The "1425" day case was that of Inmate Rimoldi J67212, involving Murder of Inmate.



This case, which originated at a former CCF, was based on RVR of 10/25/03, and was accepted for prosecution on 6/29/06. The inmate paroled prior to the adjudication of the RVR and the court case ultimately concluded in a Life sentence. This case was clearly exceptional and by no means reflected the average amount of time for the hearing of postponed RVRs, which otherwise averaged approximately 167 days.

### **Post-Hearing Processing Timelines**

*Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.*

24 RVRs are still pending.

#### Hearing to Facility Captain Review:

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 2 day to 47 days. The “47” day case was that of Inmate Doop J06347. The hearing date for RVR of 10/3/07, Obstruct Peace Officer occurred on 11/1/07 and the Captain’s review occurred on 12/18/07. On average, the Captain’s review of the RVR occurred 13 days after the hearing. **(The Department has no regulatory time constraints, however, the expectation is this time will be within 5 working days.)**

#### Facility Captain to Chief Disciplinary Officer Review:

Available information reflected time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from 0 days to 12 days. **(The Department has no regulatory time constraints, however, the expectation is this time will be within 3 working days.)**

#### Chief Disciplinary Officer to ICC review:

Time from the date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 3 days to 97 days. The “97” day case was again that of Inmate Serrano P02563. In this case, CDO review occurred on 2/23/07 and ICC review occurred on 5/31/07. As previously explained, however, this prison gang validated inmate was involved in the OTC process and also received multiple RVRs. Most of the cases which had excessive time lapse from CDO action to ICC involved inmates who received multiple RVRs and/ or were housed in ASU for Safety or validation issues as well. With the exception of Inmate Serrano’s RVRs, most cases were seen within 21 days of CDO review of the RVR. **(The expectation is the inmate will appear before ICC within 14 days. This will allow staff a two-week ICC rotation period.)**

Parole Violator Cases referred to the Board of Prison Hearings (BPH) for review:

The number of parole violator (return to custody/ RTC) cases was insufficient to provide a fair review. Therefore, the time-frames related to BPH referrals, were not examined.

**Incident Report Processing**

*Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.*

During this review, the reviewers were generally not able to determine the date the incident report was received by ISU and consequently the time-frames related to ISU receipt of incident report to referral to DA/ ISU screen-out could not be determined. Therefore these two areas were not fully evaluated. The following is provided for informational purposes:

Regarding date of the incident occurrence to the date ISU received the CDC 837: The expectation is the complete package will be presented to ISU within 7 calendar days. 11 cases were noted where the reviewer was able to determine the date ISU received the CDC 837. The date from the incident to the date of ISU receipt appears to range from 1 to 165 days, with an average of 32 days. This information should not be considered reliable due to the difficulty in determining date of receipt. However there may be a need for improved tracking of the flow of CDC 837s to ISU.

Regarding date ISU receives the CDC 837 to DA screen-out or referral: The expectation is the time should not exceed 5 working days. 10 cases were noted where-in the reviewer was able to determine the date of DA screen-out or referral, reflecting a range of 1 to 83 days, with an average of 22 days from the date of CDC 837 receipt to screen-out or DA referral. This also suggests a potential need for improved tracking in this area.

DA Referral to Resolution:

The number of cases accepted for prosecution was insufficient to provide a fair review. Therefore, the time-frames related to the number of days from DA referral to DA resolution, were not examined. **(This is one area that the institution has no definitive control over, however, it is suggested that the institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).**

### **SAFETY CONCERNS**

*When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.*

Eight cases were placed in Administrative Segregation based on safety concerns, which included return to ASU due to the inmate's refusal to leave ASU and two cases which required DRB referrals.

#### **Investigation Initiation to Completion:**

Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from 0 days to 143 days. However, the small number of cases reviewed is insufficient to provide fair representation of investigation time-frames. **(The expectation is this time should not exceed 30 calendar days).**

#### **Investigation Completion to ICC Review:**

Where the information was available, time from conclusion of the investigation to ICC review of investigation results ranged from 6 days to 76 days. Again, the small number of cases reviewed is insufficient to provide fair representation of investigation time-frames. **(The expectation is that the inmate will appear before ICC within 14 calendar days. This will allow staff a 2-week rotation period).**

### **GANG INVESTIGATION/VALIDATION/DEBRIEFING**

*When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Office of Correctional Safety (OCS) and the time to review and conclude the issue by ICC and CSR.*

There were 16 cases reviewed that were placed in Administrative Segregation based on Gang Investigation/Validation/Debriefing. In most cases, the reviewers were unable to obtain at least one of the dates, typically Date of Receipt by Staff/ IGI of Referral for Investigation, which was required to calculate other data. This resulted in spotty information obtained, at

best and inability to gather sufficient data for fair representation. It was noted 6 of the 16 cases reviewed were housed in ASU for 180 days or more. Six of the 16 cases have also completed the investigation process and are awaiting validation or updated CDC 128B-2s. Four have been endorsed for SHU-Indeterminate and/ or SHU transfer.

### **NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER**

Documentation in the central files indicates that 14 of the cases reviewed in ASU are currently endorsed and awaiting transfer.

### **GENERAL OBSERVATIONS**

Areas which may warrant increased scrutiny include:

- Follow-up related to timely movement of inmates endorsed for EOP ASU Hub transfer.
- Tracking of CDC 837/ Incident Reports to ensure timely submission to ISU.
- Monitoring of the ISU screen-out/ DA referral process to ensure timely review.

Overall, NKSP appears to have a well managed ASU program noting the relatively low number of inmates housed in ASU. Nearly all cases reviewed were double-celled. It was noted the “over 90 day” cases in ASU were almost exclusively related to placement based on division “A” and “B” offenses, inmates who received multiple RVRs while in ASU and prison gang validation cases or safety concerns.

NKSP staff were helpful and cooperative in supplying information, documents and central files related to this audit. Their assistance was greatly appreciated.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

REVIEW OF RADIO  
COMMUNICATIONS

NORTH KERN STATE PRISON

JANUARY 14 - 18, 2008

**PRELIMINARY**



# **Review of Radio Communications**

## **NORTH KERN STATE PRISON**

### **Introduction**

This review of Radio Communication Operations at North Kern State Prison (NKSP) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Reviews and Compliance and the Radio Communications Unit (RCU), between the dates of January 14 through 18, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), State Administrative Manual (SAM) and Administrative Bulletin (AB) 90/35 as the primary sources of operational standards.

This review was conducted by Ken Chappelle, Correctional Officer, assigned to Facilities Planning and Management, Telecommunications Section, RCU.

The review consisted of an on-site inspection, interviews with staff, reviews of procedures, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Communications.

Each area was reviewed and if there was an error it was reviewed with NKSP Radio Liaison/Armory Staff to verify the issue. Overall, findings presented in the attached report represent the consensus.

# **Review of Radio Communications**

## **North Kern State Prison**

### **REVIEW SCOPE AND METHODOLOGY**

The CPRB and the RCU conducted an on-site review at NKSP during the period of January 14 through 18, 2008. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of NKSP compliance by CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to NKSP staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process. For the purposes of this review, Main Control, the Armory, and the Radio Vault were inspected. Throughout the tour, on-duty custody staff were interviewed regarding current practices.

A random sample of radios were reviewed, checking the Radio as to the Post Assignment, the Department of General Services (DGS) 'S' number and the radio serial number. Utilizing the inventory, matrix and AB 90/35 to prove the proper radio location, NKSP was at 100% on radio placement. The System Watch and Selective Inhibit Dynamic Regrouping (SIDR) computers were evaluated in Main Control. These computers were not operational upon the evaluation, but the review staff did not feel NKSP was at fault for the failure as the Radio Liaison (Armory Officer) had already contacted DGS and a technician had been dispatched to complete such repair. DGS did fix the problem the afternoon of January 18<sup>th</sup>. The Radio Vault was inspected and found to be in near perfect condition.

Recommendations are to continue normal practices as NKSP has no issues with usage of the 800 MHz Trunked Radio System and all NKSP staff are following all required Public Safety Standards.

The Reviewer would also like to complement the Radio Liaisons at NKSP (Officer G. Curry, Officer B. Bustos and Sergeant R. Yslava) as their organizational skills and overall help made this review a success.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

CASE RECORDS

**NORTH KERN STATE PRISON**

**JANUARY 14-18, 2008**

**PRELIMINARY**



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH



## **NORTH KERN STATE PRISON COMPLIANCE REVIEW**

Correctional Case Records Services lead a four member team comprised of Lee Ann Saucedo, Correctional Case Records Administrator, Sherri Mohr, Correctional Case Records Manager, California State Prison, Los Angeles County, Heidi Vervoort, Correctional Case Records Manager, Kern Valley State Prison, and Brenda Actis, Correctional Case Records Manager, California Men's Colony, to conduct a compliance review January 15 through 17, 2008, of specific areas within the North Kern State Prison records office.

Administrative staff and the Correctional Case Records Managers were aware of this review in advance and all staff were cooperative and assisted with providing information to the review team when requested.

The three primary areas reviewed were:

1. Central File Request Process;
2. Holds, Warrants and Detainers (HWD); and
3. Warden's Checkout Order (CDC 161).

An overview of the findings in the review process is outlined in this document.

### **CENTRAL FILE REQUEST PROCESS**

*Reference: DOM Section 72020.4.6*

*"The CCRM shall communicate with the appropriate regional CCRM, using the telephone, FAX, or OBIS, advising them of the receipt of the parole violator(s) and shall request that the case files be forwarded immediately.*

- *Case files on parole violators (PVRTC or PVWNT) shall be requested daily.*
- *Parole regions shall forward requested files to the institution immediately."*

*Reference: Instructional Memorandum (CR 97/03)*

*"Reception Center Managers are directed to implement a tracking system which documents that the initial request was received by the region and that follow-up requests are being made no more than five working days after the initial request."*

*Reference: Instructional Memorandum (CR 01/17)*

*"...The Reception Center Correctional Case Records Manager (CCRM) shall request the Central File for PVRTC (Parole Violator Returned To Custody) and PVWNT (Parole Violator With A New Term) daily. Case Records North and Case Records South shall send the Central File to the institution within three working days. When the Central File cannot be located, the CCRM or designee shall be contacted."*

## **NORTH KERN STATE PRISON COMPLIANCE REVIEW**

*“...If the Central File is not located after 30 calendar days from the original request, then Case Records North or Case Records South shall reconstruct the Central File....”*

An overdue file request list for Case Records South dated January 11, 2008, was provided on request. The report reflected 14 records, two cases were resolved but had not been removed from the listing. The remaining cases were overdue.

An overdue file request list for Case Records North dated January 11, 2008, was provided on request. The report reflected 3 records overdue from Case Records North.

Of the remaining 15 cases on the overdue listings there were no errors identified in the central file request process. However it should be noted that in two of cases the central files had not been sent to the appropriate case records office from the last paroling institution and follow-up should have been completed with the paroling institution.

- A follow-up request for the following Central Files should have been directed to the last paroling institution.
  - V-25620 WHITE, Brian – Paroled from CRC on June 6, 2007, the central file was not sent to Case Records South from CRC.
  - F-65890 HAWTHORNE, Addison – Processed as a paper commitment on 3-19-07, the central file was not sent to Case Records South from LPU.

### **Recommendations:**

- Clerical staff should be provided documented on-the-job training as it pertains to updating the central file data base after receiving information from the DAPO Case Records Office that a central file should be requested from another Case Records Office. When required appropriate follow-up should be completed to contact institution case records offices when the central is not located at a parole case records office.
- If the Central Files that have not been received within 30 days of the original request the CCRM of the institution should be contacting the CCRM of the parole case records office. If necessary, a DUMMY file will be made by the appropriate case records office.

### **HOLDS, WARRANTS AND DETAINERS (HWD)**

*Reference: DOM Section 72020.4*

*“Reception Centers or receiving institutions shall prepare required departmental forms on inmates received with new commitments.*

## **NORTH KERN STATE PRISON COMPLIANCE REVIEW**

*"A full Criminal Identification and Investigation rap sheet shall be run and reviewed as part of the initial processing of reception center inmates."*

*Reference: DOM Section 72040.5.2*

*"In the Reception Centers, actual detainees that are included with the 'prison package' or arrive before the counselor has begun processing the case shall be reviewed by the HWD coordinator who will sign off the HWD log in the 'Initial Disposition' section as an unprocessed case. These detainees shall not be referred to the designated staff member unless there is an apparent security risk such as a potential life term or extremely long determinate sentence."*

*Reference: DOM Section 72040.5.2.1*

*"Reception Centers shall not be required to initiate or follow-up potential HWD requests except for those inmates who are permanently housed at the Reception Center or pending imminent release. It shall be the responsibility of the receiving facility to review the inmate's central file for any CDC Form 850s initiated at the Reception Center and to complete the initial inquiry and any required follow-up as previously specified."*

*"If a move to work furlough, parole, or TCL is approved, the HWD coordinator shall query the OBIS HWD file within 24 hours of the actual move...If a 'hold' is received on the same day or subsequent to the approval of a move, the HWD coordinator shall immediately notify the C&PR or the Assistant Regional Administrator for review of the move approval and action in accordance with aforementioned procedures for processing detainees."*

*Reference: DOM Section 72040.5.1 & 72040.5.3*

*"The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log."*

*"The HWD Coordinator's initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit."*

*"If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts,...and immediately contacting the designated staff person responsible for evaluating the potential detainer..."*

## **NORTH KERN STATE PRISON COMPLIANCE REVIEW**

Desk procedures for the HWD clerical staff were reviewed. Clerical staff were interviewed and state they refer to their desk procedures frequently and explained verbally the processes they are familiar with and, when necessary, they review procedures for those processes they are still learning.

Time frames are not being complied with for placing active holds, warrants, and detainers in the central file. This is primarily based on the backlog in the new commitment entries in Offender Based Information Systems (OBIS) and the file assembly process being backlogged until January 2, 2008. Commitment entries were previously backlogged one month, due to staffing shortages and vacant positions. The central files for new commitments were not being assembled and the HWD documents were retained at the HWD clerical desk. The oldest un-filed warrant was for inmate F98589 Johnson, dated December 4, 2007.

Of the pending holds, OBIS entries appear to be entered on the same day as the warrant is received when possible (exceptions would be for new commitment cases pending the admission moves).

Staff are entering holds into Automated Release Date Tracking System (ARDTs) and the warrants reviewed were all appropriately entered.

CDC-661s are being completed by the clerical staff; it is noted that when "Also Known As" (AKA) are placed on a warrant by another agency, clerical staff are not including this information on the CDC-661.

During the Parole Audit the CII rap sheets are being reviewed; however, there are a couple of issues that were identified that can be resolved easily with additional training. Ensuring FBI rap sheets are run when the CII indicates there is a multiple source record, as identified in the central file review for F63778 NAPIER, Roger. There was an issue with clearing the CII rap sheet for V-96969 VALDIVIA, Juan, a previous institution had obtained partial information and recorded it on the CDC-850, but did not obtained the complete disposition. During this incarceration a warrant was identified prior to release, this should have been identified as a potential hold during the audit process.

### **Recommendations:**

- An alternate processing recommendation is to incorporate the HWD documents with the prison package until the central file is assembled. This would minimize the impact of failing to identify a warrant in an emergency situation, for example housing changes and providing emergency transportation and appropriate custody escorts. This would eliminate the problem of warrants not being filed timely and ensure the complete case factors are known when central file documents are reviewed prior to the central file being assembled.

## **NORTH KERN STATE PRISON COMPLIANCE REVIEW**

- On the job training should be provided and documented for the Correctional Case Records Analyst for their responsibilities in the HWD process.
- Additional training should be provided to the Correctional Case Records Analysts on how to read, review, and interpret information on the CII rap sheet.

### **WARDEN'S CHECKOUT ORDER (CDC 161)**

*Reference: DOM Section 74070.3*

*"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."*

*"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."*

*Reference: DOM Section 74070.21*

*"The following data shall be typed on the CDC Form 161:*

- *Date of Release;*
- *Type of Release;*
- *CDC number;*
- *Commitment name;*
- *Controlling Discharge Date;*
- *Name of parole unit and county of residence;*
- *Parole Region; and*
- *Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

*"The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS"*

*Reference: Instructional Memorandum (CR 01/14)*

*"...The CDC Form 161, Warden's Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement..."*

*Reference: Instructional Memorandum (CR 92/17)*

*"...the Warden's Checkout Order must include a notation above the Case Records staff's signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable."*

## NORTH KERN STATE PRISON COMPLIANCE REVIEW

*Reference: Penal Code Section 3060.7 Interim High Control Parolee Release Procedures as of December 1995.*

*“...the Offender Based Information System data entry shall reflect under comments that a HC inmate was “Released pursuant to PC Section 3060.7”*

*Reference: PC 3060.7 RELEASE HANDBOOK, Classification Services Unit – Institutions Division, February 2002.*

*“Parolees not subject to PC 3060.7 Release Procedures...12) A parolee in custody pending a revocation hearing who is designated as HC, EOP, HRSO, or Second Striker parole supervision level and who is continued on parole by the Board of Prison Terms (BPT) during a revocation hearing. Non-revoked parolees are not considered inmates. However, the C&PR/CC III-RC shall immediately alert the Unit Supervisor of the imminent release of the inmate.”*

*Reference: DOM 75010.14.1*

*“When revocation of parole extends the period of parole, the recomputed PRRD (if applicable), RRD, PCDD (if applicable), CDD and DRD shall be posted to the first page of the BPT Form 1103; or BPT Form 1104, top right corner, prior to distribution.”*

*Reference: DOM 75010.14.2*

*“The original of all board reports and BPT decisions forms shall be filed in the C-file.*

*The below listed forms shall be distributed by case records staff as follows ...*

- Parole Agent...”*

*Reference: Instructional Memorandum Dated May 9, 1989, Notification of Release Date and Residence Plan –From Institution to Parole Unit –CDC 1121, signed by R.H. Denninger, Deputy Director, Institutions Division and Ed Veit, Deputy Director, Parole and Community Services Division*

*“...The parole agent is notified by telephone if the release date change occurs ten days prior to release. Under no circumstances should the regional Records Office be given the responsibility to notify the parole unit of the release date, except for re-entry inmates and parole violators confined Return-to-Custody facilities....” The above reference was modified to include notification via fax or telephone.*

Central files were reviewed for inmates/parolees who were released from North Kern State Prison during the preceding week of the review.

There were no significant issues identified during the central file review process. There were 41 cases reviewed and the overall findings are as follows:

## **NORTH KERN STATE PRISON COMPLIANCE REVIEW**

- Intake audits are being conducted. There were 14 cases where the Intake Audit was completed after 30 days (The designated time frames are within 30 days for RC and 45 days for GP).
- 10 day audits are generally being completed 10-14 days prior to parole. Release dates are tracked utilizing the ARDTS.
- CDC 161 Warden's Checkout Orders are prepared accurately. There was a minor problem identified where staff strayed from the designated OBIS entry when recording the "Release for ICDTP Placement".

### **Recommendations:**

- On the job training should be provided and documented for the Correctional Case Records Analyst, clerical staff, and Program Technicians to ensure designated OBIS entries are recorded accurately on the CDC-161 Warden's Checkout Order and in the OBIS movement entries.

### **GENERAL FINDINGS**

The Case Records operation is performing well in the areas identified, given the issues that are currently faced. There had been 29 vacant positions for a significant period of time. Six positions were filled during the week of January 2, 2008. There are additional staff out on extended sick leave. The majority of the supervisory positions are vacant. Requiring peer training for new staff.

### **STAFF VACANCIES**

The vacancies are reported as follows:

- Two Correctional Case Records Supervisors;
- Three Office Services Supervisor I's;
- Four Office Assistants (Typing);
- One Word Processing Technician; and
- One Senior Word Processing Technician.

### **EXTENDED SICK LEAVE**

Four Correctional Case Records Analysts; and  
Six Clerical Staff (PTs, OAs, OTs).